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een complied with and that the information given is true and complete to the best of ny knowledge and belief.	PPROVED MAK 3 1 1900, 19
my knowledge and benet.	Y ORIGINAL SIGNED BY JERRY SEXTON
	DISTRICT SUPERVISOR
	ITLE
	This form is to be filed in compliance with RULE 1104.
	If this is a request for slipwable for a newly drilled or deep
Signature	well, this form must be accompanied by a tabulation of the devi sate taken on the well in accordance with RULE 111.
Christian Deleris - President	All sections of this form must be filled out completely for a
(Title)	ble on new and recompleted wells.
January 29, 1988	
(Date)	Fill out only Sections I. II. III. and VI for changes of ow
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	Fill out only Sections I. H. III, and VI for changes of ovell name or number, or transporter, or other such change of condu- Separate Forma C-104 must be filed for each pool in null
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Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

Designate Type of Completio	$x = (\mathbf{X})$	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Restv.
Dets Spudded	Date Compl	, Ready to P	1 1 1 1 1 1 1	Total Depti	1 1 1		P.B.T.D.	L	• •
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations	1	. <u></u>		<u></u>			Depth Casi	ng Shoe	
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D	·		
HOLE SIZE	CASI	NG & TUBI		DEPTH SET		SACKS CEMENT			
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	+			+	<u></u>				
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hows)

Date First New Oll Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressue	Choke Size	
Actual Prod. During Teet	Oil-Bbls.	Water - Bble.	Gas • MCF	
		<u></u>		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensats/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shut-im)	Choke Size

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