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P. O. Box 872	, Midland, Texas							
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ESIGNATION OF TRANSF. Name of Authorized Transporter of The Permian Corporation of Authorized Transporter of Name of Authorized Transporter of State Investment of Inves	ORTER OF OIL AND foil or Condend ration f Casinghead Gas or Unit Sec. P 2 d with that from any other letion - (X) Date Compi. Ready or December 18 c.; Name of Producing F San Andres  TUBIN CASING & TU 8-5/8 20# H-1 4-1/2" OD 9. 2-3/8" OD  FFOR ALLOWABLE  Date of Test March 18, Tubing Pressure 30 psig	NATURAL G. sate   Twp.   Rge. 8-S   32-E er lease or pool, 1   Gas Well   Gas Well   Gas Well   John Communication  G. CASING, AN JBING SIZE   HO   Gas well   Gas We	AS  Address (Gi P. O. I Address (Gi Is gas actual give commin New Well X Total Depth 4432 Top Oil/Gas 4285  D CEMENTIN 443 437 443 437 Producing M Pump Casing Press 40 ps	We address to Box 3119 We address to ally connected lyented gling order Workover  Workover  Boy  Control of total volum ult 24 hours) Sig	number: Deepen	Plug Back P.B.T.D. 4382 Tubing Dep 4370 Depth Casin 44430	Same Restv.  Same Restv.  ACKS CEME	De sent)  Diff. Res

Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Water Kan	1626
DOR COLL 1 /28 11.	(Signature) Walter Randolph
District	Clerk
· · · · · · · · · · · · · · · · · · ·	(Title)
March 20	1067

(Date)

APPROVED	. 19
BY	
,	
TITLE	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply