	1							
HO. OF COPIES RECEIVED								
DISTRIBUTION	NEW ME	EXICO OIL C			NC	Forr	n C-104	
SANTA FE FILE	4	REQUEST	FOR ALL	OWABLE				-104 and C-11
 	-		AND		•		octive 1-1-65	
U.S.G.S.	AUTHORIZATI	ON TO TRA	ansport -	OIL AND H	ATURAL (GAS		
LAND OFFICE								
TRANSPORTER GAS	-							
OPERATOR OPERATOR	1							
PROFATION OFFICE	4							
Operator	<u> </u>							
MORANCO Address					· · · · · · · · · · · · · · · · · · ·			
P. O. Box 1860, Hobi	bs. NM 88240							
Reason(s) for filing (Check proper box))		(Other (Please	explain).	····		· · · · · · · · · · · · · · · · · · ·
New Well Ty	Change in Transport	ter of:						
Recompletion	Cil	Dry Go	25 <u> </u>					
Change in Ownership	Casinghead Gas	Conde	nsate []					
Water-seaf animate size name								
If change of ownership give name and address of previous owner								
•	-:		-					
. DESCRIPTION OF WELL AND					·			
Lease Name Western Reserves		e, Including F	ormation		Kind of Leas			Lease No.
Foderal '34' £	d 2 Tom-I	Com (San	Andres)		State, Federa	ol or Fee Fed	leral	M-046153
Unit Letter A ; 83	30 Feet From The Ea	ast Lir	ne and 33	30	_ Feet From	The <u>Nor</u>	th	
Line of Section 34 Tow	vaship 7S	Range	31E	MATRIA	Ch as	*00		County
				, NMPM,	Char	ves		
				, tautera,	Cnav	ves		
DESIGNATION OF TRANSPORT			- 					
Name of Authorized Transporter of Oil			- 	ive address to			is form is to	
Name of Authorized Transporter of Oil Koch Oil Company	or Condensate		Address (G Box 360	Give address to	which appro	ved copy of th		be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Name of Authorized Transporter of Cas	or Condensate		Box 360	ive address to 09, Midla	o which appro and TX o which appro	ved copy of th		be sent)
Name of Authorized Transporter of Oil Koch Oil Company	or Condensate	y Gas [Box 360 Address (6) Box 300	oive address to 09, Midla oive address to 0, Tulsa,	which appround, TX which appro	ved copy of th 79702 ved copy of th		be sent)
Name of Authorized Transporter of Cil Koch Oil Company Name of Authorized Transporter of Cas Cities Service Compa If well produces oil or liquids,	or Condensate singhead Gas or Dry any Unit Sec. Twp	y Gas	Box 360 Address (G Box 300 Is gas actu	ive address to 09, Midla	o which appround TX which appro	ved copy of th 19702 ved copy of th 102 en		be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks.	or Condensate singhead Gas or Dry any Unit	y Gas	Box 360 Address (6) Box 300 Is gas actual Yes	ove address to one of the order	o which appround, TX ownich appro	ved copy of th 79702 ved copy of th		be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled with	or Condensate singhead Gas or Dry any Unit	y Gas	Box 360 Address (6) Box 300 Is gas actual Yes	ove address to one of the order	o which appround, TX ownich appro	ved copy of th 19702 ved copy of th 102 en		be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks.	or Condensate singhead Gas or Dry any Unit	y Gas	Box 360 Address (6) Box 300 Is gas actu Yes give commi	ove address to one of the order	o which appround, TX o which appround OK 74	ved copy of th 19702 ved copy of th 102 en 12–15–79	is form is to	be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA	or Condensate singhead Gas or Dry any Unit	y Gas	Box 360 Address (6) Box 300 Is gas actual Yes	ove address to one of the order	o which appround, TX ownich appro	ved copy of th 19702 ved copy of th 102 en	is form is to	be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le	y Gas Page. 31E case or pool,	Address (6) Address (6) Box 30(Is gas actu Yes give commi	On Midla Vive address to O. Tulsa, anily connected the workover	o which appround, TX o which appround OK 74	ved copy of the 19702 ved copy of the 102 en 12-15-79	is form is to	be sent)
Nome of Authorized Transporter of Cili Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged	or Condensate singhead Gas or Dry any Unit	y Gas Page. 31E case or pool,	Address (6) Box 36(Address (6) Box 30(Is gas actu Yes give commi	On Midla On Midla On Tulsa, Ingling order Workover	o which appround, TX o which appround OK 74	TOTAL Plug Back	Same Res'v	be sent)
Name of Authorized Transporter of Oli Koch Oil Company Name of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio Date Spudged 12-27-79	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le on - (X)	y Gas Page. 31E case or pool, Gas Well	Address (6) Box 36(Address (6) Box 30(Is gas actu Yes give commi New Weli X Total Dept:	On Midla Note address to Tulsa, anily connected Morkover h	o which appround, TX o which appround OK 74	P.B.T.D.	Same Res'v	be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled wit. COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc.)	or Condensate singhead Gas or Dry any Unit Sec. Twp B	y Gas Page. 31E case or pool, Gas Well	Address (6) Address (6) Box 30(Is gas actu Yes give commi New Weli X Total Dept: 4150 Top 011/Go	On Midla Five address to On Midla Five address to On Tulsa, Faily connected Ingling order Workover Hong to the connected t	o which appround, TX o which appround OK 74	P.B.T.D. Tubing Dep	Same Res'v	be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc., DF 4351*	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le on - (X) X Date Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres	y Gas Page. 31E case or pool, Gas Well cod.	Address (6) Box 36(Address (6) Box 30(Is gas actu Yes give commi New Weli X Total Dept:	On Midla Five address to On Midla Five address to On Tulsa, Faily connected Ingling order Workover Hong to the connected t	o which appround, TX o which appround OK 74	P.B.T.D. Tubing Dep	Same Resty	be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc., DF 4351*	or Condensate singhead Gas or Dry any Unit Sec. Twp B	y Gas Page. 31E case or pool, Gas Well cod.	Address (6) Address (6) Box 30(Is gas actu Yes give commi New Weli X Total Dept: 4150 Top 011/Go	On Midla Five address to On Midla Five address to On Tulsa, Faily connected Ingling order Workover Hong to the connected t	o which appround, TX o which appround OK 74	P.B.T.D. Tubing Dep	Same Resty	be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc., DF 4351*	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le on -(X) X Date Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres 44-53(10) 3955-	y Gas Page. 31E case or pool, Gas Well cod. 37(3)	Address (6 Box 36(Address (6) Box 30(Is gas actu Yes give commi New Weli X Total Depti 415(Top Off/Got 3930	On Midla Sive address to O. Tulsa, anily connected workover has Pay	o which appround TX o which appro	P.B.T.D. Tubing Dep	Same Resty	be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc., DF 4351* Perforations 3939-41(3) 394	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le on - (X) Date Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres 44-53(10) 3955- TUBING, C	y Gas	Address (6 Box 36(Address (6) Box 30(Is gas actu Yes give commi New Weli X Total Depti 415(Top Off/Got 3930	On Midla Five address to On Midla Five address to On Tulsa, Finally connected Workover Workover Has Pay Other ING RECORD	o which appround, TX o which appro OK 74 i? number:	P.B.T.D. Tubing Depth Cash	Same Res'v	be sent) Diff. Ros'v.
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled wit. COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc., DF 4351* Perforations 3939-41(3) 394 HOLE SIZE	or Condensate singhead Gas or Dry any Unit Sec. Twp B	y Gas	Address (6 Box 36(Address (6) Box 30(Is gas actu Yes give commi X Total Dept: 415(Top 0ti/Go 3930	On Midla Tive address to Tulsa, Taily connected Workover Workover The property of the pr	o which appround, TX o which appro OK 74 i? number:	Plug Back P.B.T.D. Tubing Depth Casin	Same Resty	be sent) Diff. Ros'v.
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled wit. COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc.) DF 4351* Perforations 3939-41(3) 394 HOLE SIZE 12 1/4"	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 75 th that from any other le on - (X) X Date Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres 44-53(10) 3955- TUBING, C CASING & TUBIN 8 5/8"	y Gas	Address (6 Box 36(Address (6) Box 30(Is gas actu Yes give commi X Total Dept: 415(Top Oti/Go 393(On Midla five address to On Midla five address to On Tulsa, anily connected fingling order Workover The order Workover The order Workover The order The order Workover The order	o which appround, TX o which appro OK 74 i? number:	P.B.T.D. 1010 102 P.B.T.D. 1101 Tubing Depth Casin	Same Res'v	be sent) Diff. Ros'v.
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled wit. COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc., DF 4351* Perforations 3939-41(3) 394 HOLE SIZE	or Condensate singhead Gas or Dry any Unit Sec. Twp B	y Gas	Address (6 Box 36(Address (6) Box 30(Is gas actu Yes give commi X Total Dept: 415(Top 0ti/Go 3930	On Midla five address to On Midla five address to On Tulsa, anily connected fingling order Workover The order Workover The order Workover The order The order Workover The order	o which appround, TX o which appro OK 74 i? number:	Plug Back P.B.T.D. Tubing Depth Casin	Same Res'v	be sent) Diff. Ros'v.
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc.) DF 4351 Perforations 3939-41(3) 394 HOLE SIZE 12 1/4" 7 7/8"	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 75 th that from any other le on - (X) X Date Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres 44-53(10) 3955- TUBING, C CASING & TUBIN 8 5/8" 4 1/2"	y Gas	Address (6 Box 36(Address (6) Box 30(Is gas actu Yes give commi X Total Dept 415(Top Off/Go 3930 D CEMENTI 1657 415(On Midla Sive address to On Midla Sive address to On Tulsa, anily connected Ungling order Workover I has Pay On Tulsa, Ingling order I workover I has Pay On Tulsa, Ingling order I workover I has Pay On Tulsa, Ingling order I workover I has Pay On Tulsa, I workover I workover I has Pay On Tulsa, I workover I	o which appround, TX o which appro OK 74 i? number:	P.B.T.D. 1010 102 P.B.T.D. 1101 Tubing Depth Casin	Same Res'v	be sent)
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc., DF 4351* Perforations 3939-41(3) 394 HOLE SIZE* 12 1/4" 7 7/8"	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le on - (X) X Cate Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres 44-53(10) 3955- TUBING, C CASING & TUBIN B 5/8" 4 1/2" 4 1/2" 5 2 3/8" thg	y Gas Pqe. 3. 31E case or pool, Gas Well cod. atton 57(3) CASING, ANI	Address (6 Box 36(Address (6) Box 30(Is gas actu Yes give commi X Total Dept: 415(Top Oll/Go 3939	On Midla Five address to On Midla Five address to On Tulsa, Faily connected Ingling order I workover I h On Tulsa, Faily connected I workover I	o which appround, TX o which appro OK 74 i? number:	P.B.T.D. 4110 Tubing Depth Casin	Same Res'v	be sent) Diff. Ros'v.
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc., DF 4351* Perforations 3939-41(3) 394 HOLE SIZE* 12 1/4" 7 7/8" 4 1/2" TEST DATA AND REQUEST FOR	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le on - (X) X Date Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres 44-53(10) 3955- TUBING, (CASING & TUBING, (CASING & TUBING) CASING & TUBING, (CASING & TUBING) 8 5/8" 4 1/2" 2 3/8" thg OR ALLOWABLE (7	y Gas P.qe. 3. 31E case or pool, Gas Well cod. atton 57(3) CASING, ANI NG SIZE	Address (6 Box 36(Address (6) Box 30(Is gas actu Yes give commi X Total Dept 415(Top Oli/Go 3939 CEMENTI 1657 4150	On Midla Five address to On Midla Five address to On Tulsa, Faily connected Ingling order I workover I h On Tulsa, Faily connected I workover I	o which appround TX o which approximate TX o wh	P.B.T.D. 4110 Tubing Depth Casin	Same Res'v	be sent) Diff. Ros'v.
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc., DF 4351* Perforations 3939-41(3) 394 HOLE SIZE* 12 1/4" 7 7/8"	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le on - (X) X Date Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres 44-53(10) 3955- TUBING, (CASING & TUBING, (CASING & TUBING) CASING & TUBING, (CASING & TUBING) 8 5/8" 4 1/2" 2 3/8" thg OR ALLOWABLE (7	y Gas P.qe. 3. 31E case or pool, Gas Well cod. atton 57(3) CASING, ANI NG SIZE	Address (G Box 36(Address (G Box 30(Is gas actu Yes give commi New Weli Total Dept 415(Top Oli/Go 3939 D CEMENTI 1657 4150 3943	On Midla Sive address to On Midla Sive address to On Tulsa, Ingling order Workover I wor	o which appround TX o which appround TX o which appround TX o which appround TY o whic	P.B.T.D. 4110! Tubing Depth Casin	Same Res'v	be sent) Diff. Ros'v.
Name of Authorized Transporter of Oil Koch Oil Company Name of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc.) DF 4351' Perforations 3939-41(3) 394 HOLE SIZE' 12 1/4" 7 7/8" 4 1/2" TEST DATA AND REQUEST FOOIL WELL Date Fire: New Oil Run To Tanks	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le on - (X) X Date Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres 44-53(10) 3955- TUBING, C CASING & TUBIN B 5/8" 4 1/2" 1 2 3/8" the Date of Test	y Gas P.qe. 3. 31E case or pool, Gas Well cod. atton 57(3) CASING, ANI NG SIZE	Address (G Box 36(Address (G Address (G Address (G Box 30(Is gas actu Yes give commi X Total Dept: 415(Top 0ti/Go 393(D CEMENTI 1657 415(415(Green recovery epth or be for Producing	Og. Midla Five address to Og. Midla Five address to Og. Tulsa, Ingling order Workover Ingling order Workover Ingling order Workover Ingling order Og. Og. Og. Ingling order Workover Ingling order Workover Ingling order Ingling order Workover Ingling order Ingling order Ingling order Workover Ingling order Ingling order Ingling order Workover Ingling order Ingling order Ingling order Ingling order Workover Ingling order Ingling order	o which appround TX o which appround TX o which appround TX o which appround TY o whic	P.B.T.D. 4110! Tubing Depth Casin	Same Res'v	be sent) Diff. Ros'v.
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces oil or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc., DF 4351* Perforations 3939-41(3) 394 HOLE SIZE 12 1/4" 7 7/8" 4 1/2" TEST DATA AND REQUEST FOOIL, WELL	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le on - (X) X Date Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres 44-53(10) 3955- TUBING, C CASING & TUBIN B 5/8" 4 1/2" 2 3/8" thg OR ALLOWABLE (7	y Gas P.qe. 3. 31E case or pool, Gas Well cod. atton 57(3) CASING, ANI NG SIZE	Address (G Box 36(Address (G Address (G Address (G Box 30(Is gas actu Yes give commi X Total Dept: 415(Top 0ti/Go 393(D CEMENTI 1657 415(415(Green recovery epth or be for Producing	ive address to Og. Midla live address to Og. Tulsa, Ingling order Workover Ingling order Workover Ingling order Workover Ingling order Og. Og. Og. Og. Og. Og. Og. Og	o which appround TX o which appround TX o which appround TX o which appround TY o whic	P.B.T.D. 4110! Tubing Depth Casin	Is form is to	be sent) Diff. Ros'v.
Nome of Authorized Transporter of Cil Koch Oil Company Nome of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc.) DF 4351 Perforations 3939-41(3) 394 HOLE SIZE 12 1/4" 7 7/8" TEST DATA AND REQUEST FOOIL, WEIL Date First New Cil Bun To Tanks 3-09-80 Length of Teet	or Condensate singhead Gas or Dry any Unit Sec. Twp B	y Gas P.qe. 3. 31E case or pool, Gas Well cod. atton 57(3) CASING, ANI NG SIZE	Address (G Box 36() Address (G Ad	ive address to Og. Midla live address to Og. Tulsa, Ingling order Workover Ingling order Workover Ingling order Workover Ingling order Og. Og. Og. Og. Og. Og. Og. Og	o which appround TX o which appround TX o which appround TX o which appround TY o whic	P.B.T.D. Tubing Depth Casin Sy and must be e	Is form is to	be sent) Diff. Ros'v.
Name of Authorized Transporter of Cilian Koch Oil Company Name of Authorized Transporter of Casan Cities Service Company If well produces all or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc.) DF 4351' Perforations 3939-41(3) 394 HOLE SIZE 12 1/4" 7 7/8" 4 1/2" TEST DATA AND REQUEST FOOIL WEIL Date First New Cil Run To Tanks 3-09-80 Length of Test 24 hrs	or Condensate singhead Gas or Dry any Unit Sec. Twp B	y Gas P.qe. 3. 31E case or pool, Gas Well cod. atton 57(3) CASING, ANI NG SIZE	Address (G Box 36() Address (G Ad	On Midla Five address to On Midla Five address to On Tulsa, Inally connected Ingling order Workover Ingling order Workover Ingling order Workover Ingling order Of total volume full 24 hours) Mothod (Flow, ping	o which appround TX o which appround TX o which appround TX o which appround TY o whic	P.B.T.D. Tubing Depth Casin Sy and must be e	Is form is to	be sent)
Name of Authorized Transporter of Cil Koch Oil Company Name of Authorized Transporter of Cas Cities Service Compa If well produces all or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudged 12-27-79 Elevations (DF, RKB, RT, GR, etc.) DF 4351 Perforations 3939-41(3) 394 HOLE SIZE 12 1/4" 7 7/8" TEST DATA AND REQUEST FOOIL WEIL Date First New Cil Run To Tanks 3-09-80 Length of Test	or Condensate singhead Gas or Dry any Unit Sec. Twp B 34 7S th that from any other le on - (X) X Date Compl. Ready to Pr 3-08-80 Name of Producing Form San Andres 44-53(10) 3955- TUBING, C CASING & TUBIN 8 5/8" 4 1/2" 1 2 3/8" thg DR ALLOWABLE (7) Date of Test 3-09-80 Tubing Pressure	y Gas P.qe. 3. 31E case or pool, Gas Well cod. atton 57(3) CASING, ANI NG SIZE	Address (6 Box 36(Address (6) Box 30(Is gas actu Yes give commi New Weli 415(Top Oll/Go 393(OCEMENTI 1657 415(415(170 Oll/Go 180 OCEMENTI 180	On Midla Five address to On Midla Five address to On Tulsa, Inally connected Ingling order Workover Ingling order Workover Ingling order Workover Ingling order Of total volume full 24 hours) Mothod (Flow, ping	o which appround TX o which appround TX o which appround TX o which appround TY o whic	Plug Back P.B.T.D. 4110! Tubing Depth Casts 700 300 and must be e ft, etc.) Choke Size	Is form is to	be sent) Diff. Ros'v.

GAS WELL

Actual Proa. Test-MOF/D

Agent

3-12-80

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Length of Test

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.

(Title)

(Dose)

Tubing Pressure (Shut-in)

OIL CONSERVATION COMMISSION APPROVED

Choke Size

Gravity of Condensate

1. 4. 3

SUPSIGNE TITLE

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended 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 none or number, or transporter, or other such change of condition.

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