10. OF COPIES RECEIVED			Form C -104 Supersedes Old C-104 and C-110	
ILE	-	FOR ALLOWABLE	Effective 1-1-65	
S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	A3 .	
RANSPORTER GAS	-, 			
PERATOR	-			
RORATION OFFICE				
APCO 011 Corpo		ahoma 73102		
Liberty Bank E eason(s) for filing (Check proper box	ldg., Oklahoma City, Okl	Other (Please explain)		
eason(s) for filling (Check proper chi-	Change in Transporter of:			
ecompletion hange in Ownership	Cil Dry Ga Casinghead Gas 🔁 Conde			
change of ownership give name d address of previous owner				
ESCRIPTION OF WELL AND	LEASE	ame, Including Formation	Kind of Lease	
Gulf State B-11474		humont Queen	State, Federal cr Fee <b>State</b>	
eration		ne and 589.3 _ Feet From	The East	
Unit Letter P 585	9.3 Feet From The South	277	county	
Line of Section 31 , -	ownship 188 Range	37E , NMPM, 1	County	
ESIGNATION OF TRANSPOL Inter of Authorized Transporter of C None	RTER OF OIL AND NATURAL G			
Warren Petroleum Co	asinghead Gas <u> </u>	Address (Give address to which appr P. O. Box 1589		
f well produces cil or liquids,	Unit Sec. Twp. Ege.	is gas actually connected? W	4-1-69	
rive location of tanks.		give commingling order number:		
this production is commingled v COMPLETION DATA	with that from any other lease or pool	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
Designate Type of Comple			X	
Date Spudded 1-20-54	Date Compl. Beady to Prod. 3-8-94	Total Depth 3890'	P.B.T.D.	
Pool Eumont	Name of Producing Formation Queen	Top Cil/Gas Pay 3745'	Tubing Depth	
Perforations 2607-3770	3830-3850', 3850-3870'		Depth Casing Shoe	
3001-3110 3	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<u>11"</u> 7-7/8"	8-5/8" 32 <del>#</del> 5-1/2" 14#	3740	75	
1-1/0				
		a diam reactivery of total volume of load o	il and must be equal to or exceed top all	
TEST DATA AND REQUEST	FOR ALLOWABLE able for this	depth or be for full 24 hours) Producing Method (Flow, pump, gas		
Date First New Oil Run To Tanks	Date of Test	producing method (r tod, pamp, a		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
The second se	Cil-Bbls.	Water-Bbls.	Gas - MCF	
Actual Prod. During Test				
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
and the state of the second second	Tubing Pressure	Casing Pressure	Choke Size	
Testing Method (pitot, back pr.)				
CERTIFICATE OF COMPLI	ANCE			
مسملیت میلارید از روان از از ا	and regulations of the Oil Conservati	ion APPROVED	, 19	
I hereby certify that the rules a Commission have been compli	ed with and that the information give the best of my knowledge and beli	ven lef. BY	freef	
above is true and complete to		TITLE	<u> </u>	
IIIY_		mile form is to be filed	in compliance with RULE 1104.	
/ThITIM	u\	If this is a request for a	llowable for a newly drilled or deepe monied by a tabulation of the devia	
S D. Farrer (Signature)			If this is a request for allowable for a newly difficult of the devi well, this form must be accompanied by a tabulation of the devi tests taken on the well in accordance with RULE 111.	

a

Senior Engineer, Production Division

May 15, 1969

	(Title)
7	

(Date)

ests	s taken on the well in according	filled out completely for allow-
	All sections of this form must be on new and recompleted wells.	e filled out completely for allow-
		WI only for changes of owner,
11م،	Fill out Sections 1, 11, 111, 111, 111, 111, 111, 111,	r other such change of condition.

well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.