District 1 1980 PO Box 1980, Hobbs, NM 88241 - 1980

## State Of New Mexico Energy, Minerals and Natural Resources Department

District II 811 South 1st, Artesia NM 88210

District III 1000 Rio Bravos Rd. Aztec, NM 87401

OIL CONSERVATION DIVISION

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

UUU HIO BREVOS H.G. ALZIBC, NM 874U1	2040 South Pacheco	i I
	Santa Fe, NM 87505	AMENDED REPORT
District IV		<del></del>
040 South Pacheco, Santa Fe NM 87505		

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Permian Res	source		1. Operator na	ime anu r	Address					2.00	AID Numbe	<b>7</b>
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23 PCO 1 2 0 4 0 5 ( V. Well Com 25 Spud Date 31 Hole Size  VI. Well Test 35 Date New 41 Choke Si	t Data	n Data	32 36 Gas Delivery	Casing 8	B — 34	27 TD 29 37 Test Date	-33E	28 Pf 33 Depth 38 Teet L 44 Ge	Set	39 Tbg.Pressu 45 AOF	24	Sacks Cernent  40 Csg. Pressure  46 Test Method
VI. Well Test 35 Date New  I hereby certify they with and that the insperience.	t Data	n Data	32 36 Gas Delivery	Casing 8	B — 34	27 TD 29 37 Test Date	33E	28 PE 33 Depth 38 Teet L 44 Ga	ength	39 Tbg.Pressu 45 AOF	24	Sacks Cernent  40 Csg. Pressure  46 Test Method
VI. Well Test 35 Date New 41 Choke Size	t Data	n Data	32 36 Gas Delivery	Casing 8	B — 34	27 TD 29 37 Test Date	-33E	28 PE 33 Depth 38 Teet L 44 Ga	ength	39 Tbg.Pressu 45 AOF	24	Sacks Cernent  40 Csg. Pressure  46 Test Method
VI. Well Test 35 Date New  I hereby certify they with and that the insperience.	t Data	n Data	32 36 Gas Delivery	Casing 8	B — 34	27 TD 29 37 Test Date	33E	28 PE 33 Depth 38 Teet L 44 Ga	ength	39 Tbg.Pressu 45 AOF	24	Sacks Cernent  40 Csg. Pressure  46 Test Method
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23 POO 1 2 0 4 0 5 ( V. Well Com 25 Spud Date 31 Hole Size  VI. Well Test 35 Date New  41 Choke Si  I hereby certify they with and that the justific knowledge and seller. Signature:  Printed Name:  Ro  Title:  V. P.  Date: 3-9-98	t Data tollorer	n Data	32 Gas Delivery 42 Oil ation Division has and complete	y Date  Phone: 915-6	B — 34  B. Tubing Siz  n complied best my	27 TD 29 37 Test Date 43 Water	Approved	28 PE 33 Depth 38 Teet L 44 Ga	ength	39 Tbg.Pressu 45 AOF	24	Sacks Cernent  40 Csg. Pressure  46 Test Method
23 POO 1 2 0 4 0 5 ( V. Well Com 25 Spud Date 31 Hole Size  VI. Well Test 35 Date New  41 Choke Si I hereby certify they with and that the indient. Signature: Printed Name:  Ro  Trite: V. P. Date:	t Data  Toll  The rules of the	Oil Conserve	32 36 Gas Delivery 42 Oil ation Division he and complete	y Date  Phone: 915-6 d rame of	B — 34  a. Tubing Siz  n complied best my  685—01	27 TD 29 37 Test Date 43 Water	Approved Title: Approval E	28 PE 33 Depth 38 Teet L 44 Ga	ength  AL SIGN DISTRIC	39 Tbg.Pressu 45 AOF	24	Sacks Cernent  40 Csg. Pressure  46 Test Method

	DESTRIBUTION  SANTAFE  THEE		DUSERVATION COMME IN FOR ALLOWABLE AND	Phrm C+104 Supersedly (11d C+104 and C+13 Effective (+1-115
-	U.S.G.S.  LAND OFFICE  I RANSPORTER GAS  OPERATOR	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS
١. إ	Operator M & W of Lo	vington, Inc.		
-	Address Box 922. To	vington, New Mexico 88260		
	Reason(s) for liling (Check proper box)		Other (Please explain)	<u> </u>
	New Wall  Recompletion  Change in Ownership	Change in Transporter of: Oil XX: Dry Gas Casinghead Gas • Conden	,	
	of change of ownership give name			
1.	DESCRIPTION OF WELL AND I	JEASE  Well No. Pool Name, Including For 13 Corbin Queen,	ormation Kind of Lease State, Federal	or FeFederal Lease No. NMOO1177
	Location	Nonth	and 1650 Feet From T	Fact
	2/1	50 Feet From The North Lin		County
Į	Line of Section 100	damp (tange 2)		County
	Navajo Crude Oil Puro	enasing Co.	Address (Give address to which approve Drawer 175, Artesia, Ne Address (Give address to which approve	w Mexico 88210
ĺ	Name of Authorized Transporter of Cas	ingredd Gas or Dry Gas		
	If well produces oil or liquida, give location of tanks.	Unit Soc. 74 Twp. 18S 33E	Is gas actually connected? Whe	n
! V.	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:  New Well Workover Deepen	Plug Back   Same Resty, Diff, Resty
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded		Top O!l/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Ods 1-dy	
	Perforations			Depth Casing Shoe
	HOLESIZE	TUDING, CASING, AND	D CEMENTING RECORD  DEPTH SET	SACKS CEMENT
	HOLE SIZE			
				<b>型型</b> 植9
	THE PART AND INCOURED F	OR ATTOWARTE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allo
V.	TEST DATA AND REQUEST FOR WELL	Date of Test	epth or be for full 24 hours) Producing Mathed (Flow, pump, gas li	
	Data Flist New Oil Run To Tanks	Date of foot		Choke Size
	Longth of Tost	Tubing Pressure	Casing Proceure	CHOKO GIZO
	Actual Pred. During Test	Oil-Bhlo.	Water-Bbls.	Gua-MCF
	GAS WELL. Actual Frod, Tool-MCF/D	Langth of Test	Ebla. Condenacte/MMCF	Gravity of Condensate
	Teating hiethod (prior, back pr.)	Tubing Prossure (Shub-in)	Casing Pressure (thut-in)	Choke Size
, <sub>T</sub>	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given a beat of my knowledge and belief.	OKIGIMAL MOMEN P.	1993 JERRY SEXTON PERVISOR
,	President (Sign	() () () () () () () () () () () () () (	This form is to be filed in  If this is a request for allowed, this form must be accompanied to taken on the well in accompanies.	compliance with RULE 1104.  waste for a newly diffied or deeper inted by a tribulation of the deviate ritunes with RULE 111.
		illy)	W Lebelgmonar bud won in olds [[-	not be filled out completely for alleads.
	and the state of t		Well name or number, or trenspor	I, III, and VI for changes of own ten or other such change of conditi

(Date)

MAR 25 1983
O.C.D.
HOBBS OFFICE

ر المعادية	pala makico Oile se	dilanger transport of the	
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-1
FILE	REQUEST F	AND	Effective 1-1-65
U.S.G.S.		NSPORT OIL AND NATURAL GA	· ·
	AUTHORIZATION TO TRAI	NSFORT OIL AND NATORAL GA	· ·
LAND OFFICE		•	
TRANSPORTER GAS			
OPERATOR		•	
PRORATION OFFICE			
M & W of Lovington, Inc	•		
Address 2400 S. Main (P.O.	Box 922)	Lovington, N.M. 88260	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	<u> </u>	
Recompletion	Oil · XX Dry Gas	. 🔲	
Change in Ownership	Casinghead Gas Condens	sale .	·
Change in Cameramy			
change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND L	EASE		Lease No.
Lease Name	Well No. Pool Name, Including Fo		
Buffalo Unit	13 South Corbin	Queen State, Federal	or Fee Federal 11922
Location	•		
Unit Letter G : 1650	Feet From The North Line	and 1650 Feet From TI	East
Line of Section 314 Tow	mship 185 Range	33E NMPM, Lea	County
•		• ,	
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	Addiess (O.D. addiess to missis approximately	
Independent Producers M	arketing Corporation	P.O. Box 1968 Ca Address (Give address to which approve	sper Wyoming 82602
Name of Authorized Transporter of Cas.	inghead Gat or Dry Gas	Address (Give address to which approve	Ea Copy by ania your is to be carry
Course Ive		The ray actually connected? When	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.  B 34 188 33E	Is gas actually connected? When None	•
· ·	h that from any other lease or pool,	give commingling order number:	•
If this production is commingled wit	n that from any other peace or poor,		· · · · · · · · · · · · · · · · · · ·
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty
Designate Type of Completio	$\mathbf{n} = (\mathbf{X})$		
Date Spudded	Date Compl. Ready to Prod.	Total Depth .	P.B.T.D.
Date spaces			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations .	1		Depth Casing Shoe
Periorations			
	TUBING, CASING, AND	CEMENTING RECORD	
NO. 5 5175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
	OR ALLOWARIE /T	ifter recovery of total volume of load oil	and must be equal to or exceed top allo
TEST DATA AND REQUEST F	ok ALLUWABLE (lest must be a able for this di	epth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, Eqs lij	(i. etc.)
Date Liter Men Off Light to Julya	•		
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			
	Oil-Bhis.	Water-Bbis.	Gas-MCF
Actual Prod. During Test	Ott- Buts.		

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

II.

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given

shove is true and co	omplete	to the best of r	ny kanwledge i	and belief.
O h	11/	Mila		
President	(1)	(Signayure)	, a	

(Date)

Dec. 28, 1981

(Title)

OIL CONSERVATION COMMISSION

XPPROV	ED DEC 01 1981	, 15	
	Tree Cimed by		
3Y	jerny warmen	-	•••

This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or deepens 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 owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip

- [	NO. OF COPIES RECE	IVED	
1	DISTRIBUTIO	NO NO	
	SANTA FE		
	FILE		
	U.S.G.S.		
	LAND OFFICE		
	TRANSPORTER	OIL	
		GAS	
	OPERATOR		
1.	PRORATION OF	ICE	
	Operator		

ACENT

8-1-76

(Title)

(Date)

	DISTRIBUTION SANTA FE FILE		NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
-	U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  DECRATION OFFICE	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAI	_ GAS
1.	Operator			
	TEXO OIL COMPANY Address		_	
	P.O. BOX 4436  Reason(s) for filing (Check proper box)	WICHITA FALLS, TEXAS	76308 Other (Please explain)	
	New Well	Change in Transporter of: Oil X Dry Gas		
	Recompletion Change in Ownership	Casinghead Gas Condens	<b>=</b> 1	A Min and a second seco
	If change of ownership give name and address of previous owner			
II. ,	DESCRIPTION OF WELL AND I	LEASE Well No Fool Nam	e, Including Formation	Kind of Lease
	Lease Name <b>BUFF</b> ALO UNIT		CORBIN QUEEN (PENROSE	
	Location		Tool English	om The INTOCT
	Unit Letter <b> G</b> ; <b>_1</b> 650	Feet From The North		
	Line of Section 34 Tow	vnship 18S Range 3	3 , NMPM, <b>Le</b>	S County
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which a	oproved copy of this form is to be sent)
	į · · · · h	as changed its name to  DMMIT TRANSPORTATION COMPANY,	LOE ENIMEN DITTINTNO	
	CONTINENTAL OIL COMPAN	Y Unit Sec. Twp. Rge.	PONC : CITY OKLAHOM	Wh2n 601
	If well produces oil or liquids, give location of tanks.	B 34 185 33E		
	COMPLETION DATA	th that from any other lease or pool, g	give commingling order number:  New Well Workover Deeper	Plug Back   Same Res'v.   Diff. Res'v.
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.11,D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
			CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load pth or be for full 24 hours)	loil and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	as lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI	. CERTIFICATE OF COMPLIAN	CE	11	RVATION COMMISSION
	a the bound bear complied	regulations of the Oil Conservation with and that the information given	APPROVEDOrig	; Signed by
	above is true and complete to th	e best of my knowledge and belief.	BY	y Sarion 1, Sary
	,		TITLE	
	Jana P	200	TO this is a request for	i in compliance with RULE 1104. allowable for a newly drilled or deepened
$\subset$	(Signature)	havure)	I wall this form must be acc	ompanied by a tabulation of the deviation 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 completed wells.

Cperator	Od I Comm	
PRORATION OF	ICE	
OPERATOR		
	GAS	
TRANSPORTER	OIL	
LAND OFFICE		
U.S.G.S.		
FILE		
SANTA FE		
DISTRIBUTIO	NC	
NO. OF COPIES RECE	EIVED	

12-1-75

(Date)

	DISTRIBUTION  SANTA FE  FILE	_	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	AS
I.	Cperator			
	Texo Oil Company	1		
	P.O. Box 4436. V	Vichita Falls, Texas 76	308	
+	Reason(s) for filing (Check proper box,		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership	Oil A Dry Gas  Casinghead Gas Condens		
L	Change in Ownership	Cushighed das		
	f change of ownership give name and address of previous owner			
	-			
II. <u>I</u>	DESCRIPTION OF WELL AND Lease Name	Lease No. Well No. Pool Nam	e, Including Formation	Kind of Lease
	Buffalo Unit	561528 13 So. Co	rbin Queen (Penrose)	State, Federal or Fee Federal
	Location a 16	Feet From The A## Line	1650 Feet From Ti	East
	Unit Letter;;	Feet From The Line	e andPeet From Ti	ne
	Line of Section 34 Tov	wnship 18S Range	33 , NMPM, Lea	. County
1-			_	
III. I	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)
j	Miller Oil Purchasing		Box 1308, Jackson, Miss	issippi 39205
<b> </b>	Name of Authorized Transporter of Car		Address (Give address to which approve	ed copy of this form is to be sent)
	the state of the s	Unit Sec. Twp. Rge.	Is gas actually connected? When	7
	If we'll produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   B   34   185   33E	is gas actuary connected.	
Ĺ		th that from any other lease or pool,	give commingling order number:	
	COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Completic		New Well Workover Deepen	Flag Back Same Res V. Dill. Res V.
ŀ	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Daily Opadata			
ļ	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	D. C. allen			Depth Casing Shoe
	Perforations			
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be as	fter recovery of total volume of load oil a pth or be for full 24 hours)	and must be equal to or exceed top allow-
į	OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)
				V-29
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod, During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	Actual Fied, During . est	<b>3.</b> 23.3		
	GAS WELL		Phile Condensate AAACE	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
	, and the second			
VI.	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	TION COMMISSION
			APPROVED	. 19
	Commission have been complied	regulations of the Oil Conservation with and that the information given	APPROVED LIE	1.1/
	above is true and complete to th	e best of my knowledge and belief.	BY SET	A Commence of the Commence of
			TITLE	The second of th
and the second			This form is to be filed in o	compliance with RULE 1104.
	busing a	ral	Tracking in a sequent for allow	while for a newly drilled or deepened
	(Sign	nature)	tests taken on the well in accor	nied by a tabulation of the deviation dance with RULE 111.
	Agent	Wala )	All sections of this form mu	st be filled out completely for allow-

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 completed wells.

## RECEIVED

FEC 8 1975

CIL CONSERVATION COMM.
HOBBS, H. M.

NO. OF COPIES RECEIVED				
DISTRIBUTION	NEW	MEXICO OIL C	FOR ALLOWABLE 5 1 AND ANSPORT OIL AND	ON Form C-104
SANTA FE		REQUEST	FOR ALLOWABLE B 3 1	OF Correction Supersedes Old C-104 and C-1.
FILE			AND May as	6. 6. Effective 1-1-65
u.s.g.s.	_ AUTHORIZA	TION TO TRA	ANSPORT OIL AND NAT	HRAL GAS
LAND OFFICE			•	i ža un 188
TRANSPORTER GAS	_			, 68
OPERATOR				
PRORATION OFFICE  Cperator				
TEXO OIL C	OMPANY			
728 First W.		Bldg., Wie	chita Palls, Texas	
Reason(s) for filing (Check proper bo	x) Change in Transp	onton of	Other (Please exp	(ain)
New Well	Oil	Dry G	15	
Recompletion Change in Ownership	Casinghead Gas	Conde	<del></del>	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND	LEASE			
Lease Name <b>Buffalo Unit</b>	NM Oll77-A		me, Including Formation uth Corbin Queen	Kind of Lease State, Federal or Fee
Location		-3		
	50 Feet From The	North Li	ne and <b>1650</b> F	eet From The <b>East</b>
al.	ownship 185	Range	33E , NMPM,	Lea County
			• •	
DESIGNATION OF TRANSPOR	RTER OF OIL AND		Assess (Give address to wh	nich approved copy of this form is to be sent)
Name of Authorized Transporter of C	" Condenso		7724755	
Name of Authorized Transporter of C	asinghard Cas T	Dry Gas	Address (Give address to wh	hich approved copy of this form is to be sent)
		Diy Gds	Fonce City, Okl	
Continental Oil C		wp. Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	B 34	186 33E	yes.	1/1/69
			<u> </u>	
If this production is commingled w. COMPLETION DATA	ith that from any other	r lease or pool,	give comminging order nu	mocr.
	Oil Well	Gas Well	New Well Workover £	Deepen Plug Back Same Res'v. Diff. Res'
Designate Type of Complet	ion - (X)	1		1 1
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation	Top Cil/Gas Pay	Tubing Depth
Perforations				Depth Casing Shoe
	TURING	CASING AN	ID CEMENTING RECORD	
HOLE 6175	CASING & TU		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & 10	<u> </u>		
TEST DATA AND REQUEST	FOR ALLOWABLE	(Test must be	after recovery of total volume of	of load oil and must be equal to or exceed top allo
OIL WELL	. 020	able for this	lepth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pu	imp, gas tift, etc.)
				Challe Size
Length of Test	Tubing Pressure		Casing Pressure	Choke Size
			17	Gas - MCF
Actual Prod. During Test	Oll-Bbls.		Water-Bbls.	gua-wor
~ · ~ · · · · ·				
GAS WELL	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test  Tubing Pressure		Bbls. Condensate/MMCF  Casing Pressure	Gravity of Condensate Choke Size
				·

## VI. CERTIFICATE OF COMPLIANCE

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)

May 20, 1969

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 completed wells.

esident

August 1, 1930

(Tida)

(Data)

All positions of this form must be filled out completely for allowable on new and recomplated walls.

FIII out only factions I, II, III, and VI for changes of owner, will name or number, or transporter, or other such claim, o of conflittee.