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Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be	
Unit Sec. Twp. Ege. Is gas actually connected? When	sent)
finit , bec. twp, fige, fib gdb dotaaniy formetter.	
If well produces oil or liquids.	
give location of tanks. C 33 18-5 38-E NO	
If this production is commingled with that from any other lease or pool, give commingling order number: PLC-31	
V. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v.	Diff. Res'v.
Designate Type of Completion $-(X)$ X X	
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
10-14-69 11-9-69 7100' 7062'	
Elevations (DF, RKB, RT, GR, etc.)Name of Producing FormationTop Oil/Gas PayTubing Depth3654' DFDrinkard6639'6996'	
3654' DF Drinkard 6639' 6996' Perforations 6639', 6642', 6677', 6684', 6688', 6749', 6751', 6771', 6883', Depth Casing Shoe	.
6889', 6924', 6929', 6931' 7100'	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN	(T
<u>13 3/8" 350' 300 sx</u> 0 5/8" 3815' 1400 sx	
<u>95/8" 3815' 1400 sx</u> 7" 7100' 805 sx	
	sed top allow
able for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	
11-9-69 11-10-69 Flowing Choke Size	
Length of Test	
24 hr. 323	
Actual Prod. During TestOil-Bbls.Water-Bbls.Gds-MCF2512456539	
	-
GAS WELL Bbls, Condensate/MMCF Gravity of Condensate	
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size	
VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation APPROVED, 19	·
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. By the the the true and the set of the best of my knowledge and belief.	
This form is to be filed in compliance with RULE 1	104.
(Signature) If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the second se	or deepene he deviation
tests taken on the well in accordance with RULE 11.	
Division Production Superintendent (Title) Division Production Superintendent All sections of this form must be filled out complete able on new and recompleted wells.	ly for allow
November 14, 1969	s of owner
(Date) well name or number, or transporter, or other such change	or condition
Separate Forms C-104 must be filed for each pool completed wells.	. m mutipi

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