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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

	DISTRIBUTION SANTA FE FILE		CONSERVATION COMMISS	Form C-104 Supersedes Old C-104 and C-11	
	U.S.G.S. LAND OFFICE TRANSPORTER OIL	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATU	Effective 1-1-65	
ı.	GAS OPERATOR PRORATION OFFICE Operator				
	Moran Explorat		79701		
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership		Other (Please expla Hytech Ene Exploration	cray Corp., to Moran on, Inc. effective March	
	If change of ownership give name and address of previous owner		-1-21		
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind	of Lease No.	
	Atlantic State 3	l South Corbi		Federal or Fee State K-1860	
		60 Feet From The North Lin	ne and 1980 Fee	t From The West	
	3.0	wnship 18-S Range	20 D	rea County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to whic	h approved copy of this form is to be sent)	
	The Permian Corpor		P.O. Box 1183 H	ouston. Texas 77001	
	Phillips Petroleum		Address (Give address to whic Phillips Bldg.,	h approved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. C 32 185 33E	Is gas actually connected?	When March 1971	
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order numb	er:	
	Designate Type of Completion	on - (X)	New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations		<u> </u>	Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND	CEMENTING RECORD		
	NOCE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	TEST DATA AND REQUEST FO		fter recovery of total volume of lopth or be for full 24 hours	pad oil and must be equal to or exceed top allow-	
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas 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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANC	DE	OIL CONS	ERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED Orig. Signed 19		
. '	above is true and complete to the	best of my knowledge and belief.	BY Jerry Sexton		
			•	Supv.	
			This form is to be filed in compliance with RULE 1104.		

Scagen (Signature) Chief Clerk,

Office Mgr. (Title)

6-1-79 (Date) 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 pleted wells.