

Form C-104
Supersedes Old C-104 and is
Effective 1-1-65

	SECTION	
	OIL	
	GAS	
	SECTION	
	SECTION OFFICE	

... 100-12 10-12 ... 10-12 ...

$$P(X_1 = 1, X_2 = 1) = 0$$
[illegible]

... something (Check proper box)

Other (Please explain)

Change in Transporter of:

1. *Environ. Biol. Fish.* 1997, 48: 171-181.

041

Dry Gas ☐

Journal of Management Studies, 19(1), 67-80.

Casinghead Gas

Condensate

2. Relationship, give name

... previous owner

NAME OF WELL AND LEASE

Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State, Federal or Private			B-2531-7
Feet From The	Line and	Feet From The	
Township	Range	Section	

DESIGN OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Ames Petroleum Refining Co.</u>					Address (Give address to which approved copy of this form is to be sent.) <u>1341 1st St., Dallas</u>	
Name of Transporter of Casinghead Gas ☐ or Dry Gas ☐					Address (Give address to which approved copy of this form is to be sent.)	
How is gas used: oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order numbers:

CONCLUSIONS DATA

Well Completion Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Treat.	Other
Date Started	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Remarks (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Casing Depth						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
WELL NO.	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
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7.12.1. DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed up and
able for this depth or be for full 24 hours)

Test Name: New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Amount Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Amount Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

1.1. C. MEMORANDUM OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given herein is true and complete to the best of my knowledge and belief.

(Signature)

President

(Title)

July 18, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____ Date Signed By _____

TITLE _____

This form is to be filed in compliance with 102-1104.

If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 141.

All sections of this form must be filled out completely for use on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of name, well name or number, or transporter, or other such change or comment. Separate Forms C-104 must be filed for each well to which

To be effective August 1, 1974