HU. U. CUPIL & HEC.		i	
DISTRIBUTION			1
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS			
1.	PRORATION OFFICE Operator Harding Oil Company Address 408 Carillon Tower West, 13601 Preston Road, Dallas, Texas 75240						
	Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Recompletion Oil X Dry Gas Change in Ownership Castinghead Gas Condensate						
If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND Lease Name Shaw Location	Well No. Fool Name, Including Formation Kind of Lease Lease No.					
	1.5	980 Feet From The <u>East</u> Lin	375	The North Pa County			
HI.	Name of Authorized Transporter of Oil Scurlock Oil Co Name of Authorized Transporter of Cas	or Condensate Dmpany	Address (Give address to which approved copy of this form is to be sent) 1216 Vaughn Bldg., Midland, Texas 7970 Address (Give address to which approved copy of this form is to be sent)				
	If well produces oil or liquids, give location of tanks. Unit Sec. Twp. P.ge. Is gas actually connected? When						
	If this production is commingled with COMPLETION DATA Designate Type of Completion	d with that from any other lease or pool, give commingling order number: Oil Well Gas Well New Well Workover Deepen 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			Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
v.	TEST DATA AND REQUEST FOOL WELL	DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)					
	Date First New Cil 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	Oti-Bble.	Water-Bbis.	Gas - MCF			
	GAS WELL						
	Actual Prod. Test-MCF/D	Tubing Pressure (Shut-in)	Bais. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size			
7.5	Testing Method (pitot, back pr.)			ATION COMMISSION			
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.		APPROVED					
President (Signature) President (Title) February 21, 1974 (Date)			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.				