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Form C-104 Revised 10-01-78 Format 05-01-83 Page 2

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IV. COMPLETION DATA

Designate Type of Completion	on - (X)	OII Well	Ges Well	New Well	Workover	Deepen E	Plug Back	¹ Same Res'v.	Dill Resty.
Data Spuided	Date Compl. Ready to Prod.		Tetel Depth		P.B.T.D.				
Elevenans (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fors	netien	Top OLL/Ges Pay		Tubing Depth			
Perfereilions	<u></u>			_ _	<u></u> ·		Depth Casi	ng Shoe	
>		TUBING,	CASING, AN	DCEMENTI	NG RECOR	D			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE DEPTH SET		T	SACKS CEMENT					
									
	1						<u> </u>		

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL cbie for this depth or be for full 24 houre)

Date First New Oli Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Tool	Tubing Pressure	Casing Pressure	Chote Size	
Actual Prod. During Test	Cii - Bhis.	Water - Bhis.	Ges + MCF	

GAS WELL

Astual Pres. Test-MCF/D	Longth of Tool	Bhis. Centionsets/h04CF	Gravity of Condensate
Tosling Mothed (publ, back pr.)	Tubing Processo (Shat-in)	Casing Pressure (Shut-1.8)	Cheke Size

MAR BIGES