|      | Change in Ownership  | Casino    | ghead Gas Conde  | ensate   |  |  | t Unit W   |   |                       |  |
|------|--|-----------|--|--|--|--|--|---|-----------------------|--|
|      | If change of ownership give name and address of previous owner   |           |  |  | Northwe  | st Bumon   | t Unit "   | 34" Well 1                              | No. 70                |  |
| II.  | DESCRIPTION OF WELL AND  | LEASE     |  |  |  |  | ·  |   |                       |  |
|      | Lease Name   |           | Well No. Pool No   |  |  |  | Kind of Le   | ease<br>eral or Fee                     |                       |  |
|      | Location Execution   | ξ         | 154 Bar  | ionit = 🕻  | Moess  |  | Diate, 1 ca  | erar or rec Pr                          | 10                    |  |
|      | Unit Letter 6; 1980 Feet From The north Line and 2310 Feet From The east   |           |  |  |  |  |  |   |                       |  |
|      |  |           |  |  |  | -  |  |   |                       |  |
|      |  |           |  |  |  |  |  |   |                       |  |
|      | Line of Section , To   | ownship   | 143 Range  | 36E  | , ИМРМ,  |  | Tett.  |   | County                |  |
| III. | Line of Section 34 , To  |           |  |  | , ММРМ,  |  |  |   | County                |  |
| III. | DESIGNATION OF TRANSPOR  | TER OF O  |  | AS<br>Address (  | Give address t   | o which appr   | oved copy of t   | his form is to b                        |                       |  |
| Ш.   | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Ol  Shell Piceline Carron   | TER OF O  | IL AND NATURAL G   | AS Address (   | Give address t   | o which appro  | oved copy of t   |   | e sent)               |  |
| III. | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Ploeline Corpor  Name of Authorized Transporter of Oc   | CTER OF O | IL AND NATURAL G   | AS Address (   | Give address t<br>1710, Mix<br>Give address t  | o which appro<br>LANC 2 To which appro   | oved copy of to  | his form is to b                        | e sent)               |  |
| III. | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Pleline Corpor  Name of Authorized Transporter of Co  | TER OF O  | IL AND NATURAL G   | AS Address ( Hox Address (   | Give address t   | o which appr<br>Land T<br>o which appr<br>Lau Gel  | oved copy of t<br>CRES<br>oved copy of t   |   | e sent)               |  |
| III. | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Ploeline Corpor  Name of Authorized Transporter of Oc   | TER OF O  | IL AND NATURAL G   | AS Address ( Box Address ( Box   | Give address t<br>1914, Mis<br>Give address t<br>1584, Tu  | o which appr<br>Land, T<br>o which appre   | oved copy of t<br>CRES<br>oved copy of t   | his form is to b                        | e sent)               |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Co  Name of | ETER OF O | or Dry Gas Sec. Twp. Rge.  | AS Address (  Row Address (  Row Is gas act  | Give address t<br>Give address t<br>1587, Thually connected<br>Yest  | o which appropriate of the control o | oved copy of t   | his form is to b                        | e sent)               |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Pleatine Carpon  Name of Authorized Transporter of Co   | TER OF O  | or Dry Gas Sec. Twp. Rge.  | AS Address (  Row Address (  Row Is gas act  | Give address t<br>Give address t<br>1587, Thually connected<br>Yest  | o which appropriate of the control o | oved copy of t   | his form is to b                        | e sent)               |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Co  Name of | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,   | AS Address ( Box Address ( Box Is gas act  | Give address to The Community of the Community Connected March 1987 and the Community  | o which appropriate or which a | oved copy of to the copy of th | his form is to b                        | e sent)               |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Pleatine Carpon  Name of Authorized Transporter of Co   | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,   | AS Address ( Box Address ( Box Is gas act  | Give address to Give address to 1581 T1 wally connected to workover  | o which appropriate or which a | oved copy of to the copy of th | his form is to b                        | e sent)               |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Ploeline Carpor  Name of Authorized Transporter of Contract Petrological Gost  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completi  Date Spudded  | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  l. Ready to Prod.   | AS Address (  Box Address (  Box Is gas act  New Well  Total Dep   | Give address t  1310 Mix Give address t  1583 Til  ually connecte  Yest  ingling order  Workover   | o which appropriate or which a | Plug Back  | his form is to b                        | e sent)               |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Pleline Carpor  Name of Authorized Transporter of Co  inter: Petrologic Complete  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completi   | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,   | AS Address (  Box Is gas act  New Well   | Give address t  1310 Mix Give address t  1583 Til  ually connecte  Yest  ingling order  Workover   | o which appropriate or which a | oved copy of to see the copy of the copy o | his form is to b                        | e sent)               |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Ploeline Carpor  Name of Authorized Transporter of Contract Petrological Gost  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completi  Date Spudded  | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  l. Ready to Prod.   | AS Address (  Box Address (  Box Is gas act  New Well  Total Dep   | Give address t  1310 Mix Give address t  1583 Til  ually connecte  Yest  ingling order  Workover   | o which appropriate or which a | Plug Back  | his form is to b                        | e sent)               |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Ploeline Carpor  Name of Authorized Transporter of Control Petrologic Control  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completic Date Spudded  | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.   | AS Address (  Box Address (  Fox Is gas act  New Well  Total Dep   | Give address t  THU H.  Give address t  LSC TA  ually connecte  YESC  Workover  th  das Pay  | o which appropriate of the control o | P.B.T.D. Tubing De   | his form is to b                        | e sent)               |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Ploeline Carpor  Name of Authorized Transporter of Color Petrology Gos  If well produces oil or liquids, give location of tanks.  If this production is commingled well this production is commingled well to COMPLETION DATA  Designate Type of Completic Date Spudded  Pool  Perforations   | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.  TUBING, CASING, AN   | AS Address (  Box Address (  Fox Is gas act  New Well  Total Dep   | Give address t  1314 Mix Give address t  158 J T1  ually connected  Workover  Workover  th  Gas Pay  | o which appropriate the control of t | Plug Back P.B.T.D. Tubing De   | Same Res'v.                             | e sent)  Diff. Res'v. |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Ploeline Carpor  Name of Authorized Transporter of Control Petrologic Control  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completic Date Spudded  | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.   | AS Address (  Box Address (  Fox Is gas act  New Well  Total Dep   | Give address t  THU H.  Give address t  LSC TA  ually connecte  YESC  Workover  th  das Pay  | o which appropriate the control of t | Plug Back P.B.T.D. Tubing De   | his form is to b                        | e sent)  Diff. Res'v. |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Ploeline Carpor  Name of Authorized Transporter of Color Petrology Gos  If well produces oil or liquids, give location of tanks.  If this production is commingled well this production is commingled well to COMPLETION DATA  Designate Type of Completic Date Spudded  Pool  Perforations   | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.  TUBING, CASING, AN   | AS Address (  Box Address (  Fox Is gas act  New Well  Total Dep   | Give address t  1314 Mix Give address t  158 J T1  ually connected  Workover  Workover  th  Gas Pay  | o which appropriate the control of t | Plug Back P.B.T.D. Tubing De   | Same Res'v.                             | e sent)  Diff. Res'v. |  |
|      | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Ploeline Carpor  Name of Authorized Transporter of Color Petrology Gos  If well produces oil or liquids, give location of tanks.  If this production is commingled well this production is commingled well to COMPLETION DATA  Designate Type of Completic Date Spudded  Pool  Perforations   | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.  TUBING, CASING, AN   | AS Address (  Box Address (  Fox Is gas act  New Well  Total Dep   | Give address t  1314 Mix Give address t  158 J T1  ually connected  Workover  Workover  th  Gas Pay  | o which appropriate the control of t | Plug Back P.B.T.D. Tubing De   | Same Res'v.                             | e sent)  Diff. Res'v. |  |
| IV.  | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Ol  Shell Policy Corpol  Name of Authorized Transporter of Co  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completi  Date Spudded  Pool  Perforations  HOLE SIZE   | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.  TUBING, CASING, AN   | AS Address (  Box Address (  Fox Is gas act  New Well  Total Dep   | Give address t  1314 Mix Give address t  158 J T1  ually connected  Workover  Workover  th  Gas Pay  | o which appropriate the control of t | Plug Back P.B.T.D. Tubing De   | Same Res'v.                             | e sent)  Diff. Res'v. |  |
| IV.  | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Policy Corpor  Name of Authorized Transporter of Corpor  Name of Authorized Transporter of Corpor  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completing Date Spudded  Pool  Perforations  HOLE SIZE  | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.  TUBING, CASING, AN  ING & TUBING SIZE  | AS Address (  BOX Address (  BOX Is gas act  Is gas act  Total Dep  Top Oil/O  | Give address t  ITH I Mix Give address t  Workover  Workover  ITH I Mix Give address t  ITH I Mi | o which appropriate the property of the proper | P.B.T.D.  Tubing De  Depth Cas   | Same Res'v.                             | e sent)  Diff. Res'v. |  |
| IV.  | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Ol  Shell Policy Corpol  Name of Authorized Transporter of Co  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completi  Date Spudded  Pool  Perforations  HOLE SIZE   | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.  TUBING, CASING, AN  ING & TUBING SIZE  WABLE (Test must be cable for this decay) | AS Address (  BOX Address (  BOX Is gas act  Is gas act  Total Dep  Top Oil/O  | Give address t  ITH I Mix Give address t  Workover  Workover  ITH I Mix Give address t  ITH I Mi | o which appropriate the property of the proper | Plug Back P.B.T.D.  Tubing De  Depth Cas   | Same Res'v.                             | e sent)  Diff. Res'v. |  |
| IV.  | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Policy Corpor  Name of Authorized Transporter of Corpor  Name of Authorized Transporter of Corpor  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completing Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL   | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.  TUBING, CASING, AN  ING & TUBING SIZE  WABLE (Test must be cable for this decay) | AS Address (  BOX Address (  BOX Is gas act  Is gas act  Total Dep  Top Oil/O  | Give address t  ITHE MARKET STATE AND THE SERVE STATE  | o which appropriate the property of the proper | P.B.T.D.  Tubing De  Depth Cas  and must be  ift, etc.)  | Same Res'v.  Pth  ing Shoe  EACKS CEMEN | e sent)  Diff. Res'v. |  |
| IV.  | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Policy Corpor  Name of Authorized Transporter of Corpor  Name of Authorized Transporter of Corpor  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completing Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL   | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.  TUBING, CASING, ANING & TUBING SIZE  WABLE (Test must be able for this dist      | AS Address (  BOX Address (  BOX Is gas act  Is gas act  Total Dep  Top Oil/O  | Give address t  Give address t  Give address t  Will The second of the s | o which appropriate the property of the proper | Plug Back P.B.T.D.  Tubing De  Depth Cas   | Same Res'v.  Pth  ing Shoe  EACKS CEMEN | e sent)  Diff. Res'v. |  |
| IV.  | DESIGNATION OF TRANSPOR  Name of Authorized Transporter of Of  Shell Ploeline Corpor  Name of Authorized Transporter of Corporations  If well produces oil or liquids, give location of tanks.  If this production is commingled we COMPLETION DATA  Designate Type of Completing Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  | TER OF O  | or Dry Gas  Sec. Twp. Rge.  any other lease or pool,  Oil Well Gas Well  I. Ready to Prod.  TUBING, CASING, ANING & TUBING SIZE  WABLE (Test must be able for this dist      | AS Address (  Address (  Address (   Is gas act  Is gas act  Total Dep  Top Oil/O  D CEMENT  after recovery epth or be for producing | Give address t  Give address t  Give address t  Lagrangian connecte  Workover  Workover  Horizontal work  The property of total volumer full 24 hours  Method (Flownessure   | o which appropriate the property of the proper | P.B.T.D.  Tubing De  Depth Cas  and must be  ift, etc.)  | Same Res'v.  Pth  ing Shoe  EACKS CEMEN | e sent)  Diff. Res'v. |  |

## VI. CERTIFICATE OF COMPLIANCE

Actual Prod. Test-MCF/D

resting Method (pitot, back pr.)

**GAS WELL** 

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.

Length of Test

Tubing Pressure

| , | MOD A. A.               |  |
|---|-------------------------|--|
| ( | Signature)              |  |
|   | Area Production Name of |  |
| ( | (Signature)             |  |

7

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

Bbls. Condensate/MMCF

Casing Pressure

| APPROVED |            |  | , 19 🚑   | _ |
|----------|------------|--|----------|---|
| BY A     |            |  |          |   |
| 77       |            | A Section of the sect |          |   |
| TITL/É   | Apravisor. | District   | <u> </u> |   |

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 Sections I, II, III, and VI only 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 completed wells.