NO. OF COPIES RECI	EIVED	İ	
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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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Owner-Operator

December 1, 1970

(Title)

(Date)

1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE	REQUEST FO	ISERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	Address 316 Central Bldg., Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensa		
	If change of ownership give name Stand address of previous owner DESCRIPTION OF WELL AND LI Lease Name Alaska Cooper Location Unit Letter Line of Section 12 Town	EASE Well No. Pool Name, Including Form 5 Monument (Gry)	State, Federal or and Feet From The	Fee Fee
111.	Name of Authorized Transporter of Oil Caste Name of Authorized Transporter of Caste Warren Petroleum Co	or Condensate	P.O. Box 2648, Houston Address (Give address to which approved P.O. Box 1589, Tulsa, Is gas actually connected?	on, Texas 77001 copy of this form is to be sent)
IV	If this production is commingled with COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	ive commingling order number: PC	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation TUBING, CASING, AND	Top On/ Gus Puly	Pubing Depth Depth Casing Shoe
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V	OIL WELL Date First New Oil Run To Tanks Length of Test	DR ALLOWABLE (Test must be affable for this department of Test Tubing Pressure	Cdsing Piesswa	
	Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Oil-Bbls. Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
v	Testing Method (picot, back pr.)	Tubing Pressure (Shut-in) CE		Choke Size
	I hereby certify that the rules and Commission have been complied to above is true and complete to the	regulations of the Oil Conservation with and that the information given e best of my knowledge and belief.	TITLE SUPERVISOR DIST	ompliance with RULE 1104. able for a newly drilled or deepened

well, this form must be accompanied by a tabulation of 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 completed wells. First 1-164 Sugare eden Hid C-164 and C-110 Checks - 1-1-65

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