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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWARI F AND ALITHOPIZATION

Graham Royalty, Ltd.  Address 5429 LBJ Fwy, Suite 550, Dallas TX 75240  Resease() for Filing (Ched proper bost)  New Well Change in Transporter of Recompilition Old Dry Ost   Change in Transporter of Recompilition Old Change in Transporter of Recompilition Old Change in Transporter of Recompilition Old Change in Transporter of Casinghead Gas XX Condemnste   If Change of Operator gives sume and sold and or provide operator  II. DESCRIPTION OF WELL AND LEASE Lease Name Cooper B 660 Feet From The Mell Line Section 7 Township 20S Reage 37E NMFM. Lea  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XX or Occidentation Shell Pipeline Co. Name of Authorized Transporter of Casinghead Gas XX or Dry Cas   P. O. BOX 2648, HOUSELON TX 77252 Name of Authorized Transporter of Casinghead Gas XX or Dry Cas   P. O. BOX 2648, HOUSELON TX 77252 Name of Authorized Transporter of Casinghead Gas XX or Dry Cas   P. O. BOX 2648, HOUSELON TX 77252 Name of Authorized Transporter of Casinghead Gas XX or Dry Cas   P. O. BOX 2648, HOUSELON TX 77252 Name of Authorized Transporter of Casinghead Gas XX or Dry Cas   P. O. BOX 2648, HOUSELON TX 77252 Name of Authorized Transporter of Casinghead Gas XX or Dry Cas   P. O. BOX 2648, HOUSELON TX 77252 Name of Authorized Transporter of Casinghead Gas XX or Dry Cas   P. O. BOX 2648, HOUSELON TX 77252 Name of Authorized Transporter of Casinghead Gas XX or Dry Cas   P. O. BOX 1589, TULS 3 OX 74102 Provision of the Equition of Casinghead Gas XX or Dry Cas   P. O. BOX 1589, TULS 3 OX 74102 Provision of the Equition of Casinghead Gas XX or Dry Cas   P. O. BOX 1589, TULS 3 OX 74102 Provision of the Equition of Casinghead Gas XX or Dry Cas   P. O. BOX 1589, TULS 3 OX 74102 Provision of the Equition of Casinghead Gas XX or Dry Casing Sove Provision of Casinghead Gas XX or Dry Casing Sove Provision of Casinghead Gas XX or Dry Casing Sove Provision of Casinghead Gas XX or Dry Casing Sove Provision of Casinghead Gas XX or Dry Casing Name or Producing Method (Flow, pu	<u>I.</u>		TO TR	ANSF	ORT O	L AND N	ATURALG	IZATION BAS				
Second   Competition   Compe	Operator  Craham Bosseltes								API No.	···		
Section   Company   Consequence   Conseque		, Lta.				<del>-</del>						
Reace(s) for Filting Chical proper local   Change in Transporter of   Council   Dry Cas   Change in Opened Control   Change in Opened Control   Change in Opened Control Control Control   Change in Opened Control	1	Suite !	550. I	Dall	as TX	75240	)					
Recomption   Oil	Reason(s) for Filing (Check proper box)		<u>-</u>	<del></del>				lain)				
Canage in Operators   Canageboard Case XX Condensate   I things of operators operators and address of previous operators    Lasse Name COOPEY B   Wall No.   Rood Name, Including Formation    Lasse Name COOPEY B   Wall No.   Rood Name, Including Formation    Lasse Name COOPEY B   Support of Support Support of Support of Support of Support of Support of Support Support of Support of Support Support Support of Support		0"	Change is					•				
If changes of openers give name and address of previous openator  I. DESCRIPTION OF WELL AND LEASE  Cooper B  6 EURICE MONUMENT (G-SA)  Section  Unit Letter M  6600  Feet From The  South Line and 6600  Feet From The  Mest Line  Section  Township  South Line and 6600  Feet From The  Montant Grieve address to which approved copy of this form as to be serol)  Shell Dippeline Co.  Warren Pet Volum  Warren Pet Volum  Warren Pet Volum  H 12 20 36  Yes  The speciation is commissive with the from any other lesses or pool, give commission grows and the special of the speciation is accurately with the from any other lesses or pool, give commission grows and the special properties.  Yes Completion Co.  Tubing, Casing and Cambon Cambon From St.  Tubing Depth  Feet Tubing Pressure  Chair Free must be after recovery of total volume of load oil and must be again to or according to the depth or be for full 24 hours.)  Feet Tubing Freezer  Chair	• =		L M Gas 1€3									
DESCRIPTION OF WELL AND LEASE	If change of operator give name			<u>, conta</u>		<del></del>		<del>- , </del>	<del></del>		<del></del>	
Lease Name   Cooper B   6   Eunice Monument (G-SA)   Risid of Lass No.   State, Federal of Name, Including Formation   Co-SA   State, Federal of Name, Including Formation   County	•											
Location   Cooper B   6   Eunice Monument (G-SA)   Skeet Federal Cooper   Cooper St.   Eunice Monument (G-SA)   Skeet Federal Cooper   Cooper St.												
Lines Lester   M	,					- , -						
Section 7 Township 20S Range 37E NMPM Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS. Name of Authorities Transporter of Oil Section of Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorities Transporter of Oil Section of Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorities Transporter of Oil Section of Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorities Transporter of Oil Section of Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorities Transporter of Oil Section of Condensate Address (Give address to which approved copy of this form is to be sent)  Walfred Peter of Condensate Section of Condensate Section of Condensate Address (Give address to which approved copy of this form is to be sent)  Walfred Peter of Condensate Section Section of Condensate Section Secti			panice monument (G-SA)									
Section   7 Township   20S   Range   37E   NMFM   Lea   County	Unit Letter M	_ :6	60	Feet F	rom The _	South L	ne and	660 F	eet From The	Wes	t line	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorities Transporter of Oil or or Condenses    Authorities Transporter of Oil or or Condenses   Authorities Transporter of Condenses   Authorities Transporter Office Transporter Off	Section 7 Townsh	in 20	s	Panca	37E							
Shell Pipeline CO.  Shell Pipeline CO.  Shell Pipeline CO.  Same of Authoritad Trisaporter of Casinghead Gus Warren Petroleum  If well producer cit or lequids, preventing the second producer of Casinghead Gus Warren Petroleum  If well producer cit or lequids, preventing the second producer cit or lequids, preventing cit or							мүм,	ьеа			County	
Shell Pipeline Co.     P. O. Box 2648. HOUSTON X 77252	Marte of Authorized Transporter of Cit		R OF O	IL AN	D NATU			·				
Name of Authorized Treatporter of Canagheed Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Warrier Petroleum  I well produces all or liquids,  Well Sec. Typ. Rgs. Is gas example consecuted. When 2 yes.  If this production is commissigated with that from any other lease or pool, give commissigating order sumber: PC-353  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Bervations (DF, RKB, RT, GR, e.c.)  Name of Producing Formation  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  TUBING, CASING AND CEMENTING RECORD  TUBING CASING AND CEMENT TO Table And Tubing Pressure  Casing Pressure	(Che all District approved copy of this form is to be sent)											
If well produces oil or begids,   Unit   Sec.   Twp.   Rgs.   Rgs.   Twp.   Rgs.   Rgs	Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas 🗀	Address (Gi	BOX 26	48 Ho	uston	TX 77	252	
If this production of teats:    H   12   20   36   Yes   9-73	Warren Petroleum					P. O. Box 1589. Tillsa OV 74102					) )	
If this production is commissipled with that from any other lease or pool, give commissipling order number: PC-353  IV. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepen Plug Back Same Rea'v Diff Res'v  Date Spudded Date Compl. Ready to Producing Formation  Top Oil/Gas Pay  Tubing Depth  P.B.T.D.  Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation  TOP Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  T. TEST DATA AND REQUEST FOR ALLOWABLE  MIL WELL (Test meant be ofter recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas (ift, stc.))  Length of Test Date of Test Tubing Pressure  Casing Pressure Chair Gas-MCF  GAS WELL  Length of Test Dist. Water - Bbls. Gas-MCF  GAS WELL  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  APR 2 5 1989  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title	If well produces oil or liquids, give location of tanks.		••			is gas actually connected? Whe			a ?			
Designate Type of Completion - (X)  Date Spudded  Date Compl. Rendy to Prod.  Date Of Producing Formation  Top Oli/Cas Pay  Tubing Depth  Depth Casing Shore  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  II. WELL  The magen to after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date of Test  Producing Method (Flow, pump, gas ift, etc.)  Angen of Test  Date of Test  Da	If this production is commingled with that					ing order num	yes her	DC-25		73		
Dess Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  II. WELL  Test must be after recovery of total volume of load oil and must be squal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  CASING AT UBING SIZE  DEPTH SET  SACKS CEMENT  ACCUMENTATION OF THE Producing Method (Flow, pump, gaz lift, etc.)  Casing Pressure  Choke Size  OII - Bbls.  Gas-MCF  JUDING Test  District I supervision  District I supervisor  Pressure (Shut-in)  OIL CONSERVATION DIVISION  APR 2 5 1989  ORIGINAL SIGNARD BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title  Title	IV. COMPLETION DATA		·					<u> FC-33</u>	<u>.                                    </u>		<del></del>	
Date Compil Ready to Prod.  Date Compil Ready to Prod.  Date Compil Ready to Prod.  Descriptions   Top Oil/Gas Pay   Tubing Depth    Tubing Depth    Depth Casing Shoe    TUBING, CASING AND CEMENTING RECORD    HOLE SIZE   CASING A TUBING SIZE   DEPTH SET   SACKS CEMENT    TEST DATA AND REQUEST FOR ALLOWABLE    Date of Test   Date of Test   Date of Test    Date of Test   Date of Test   Tubing Pressure    Casing Pressure   Choke Size    Canding Pressure   Choke Size    Casing Pressure   Choke Size    Choke Size    Casing Pressure   Choke Size    Choke Size    Casing Pressure   Choke Size    Choke Size    Choke Size    Casing Pressure   Choke Size	Designate Type of Completion	- (X)	Oil Well	(	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Ol/Gas Pay  Tubing Depth  Perforations  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  T. TEST DATA AND REQUEST FOR ALLOWABLE  DILL WELL  (Test must be after recovery of total volume of load oil and must be aqual to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  Choke Size  T. OPERATOR CERTIFICATE OF COMPLIANCE  Inhereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and completely to the best of my knowledge and belief.  By  ORIGINAL SIGNED BY JERRY SEXTON  Title  Title  Title  Title	Date Spudded		al. Ready to	Prod.		Total Depth	L	L	I DDTD	<u> </u>	1	
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  ACKS CEMENT  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  ACKS CEMENT  SACKS CEMENT  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  CASING & TUBING SIZE  CASING BOOLD AND ACKS CEMENT  CASING Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size  CHOPER ATOR CENTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my throwledge and belief.  Signature  Signature  APP 2 5 1989  DATE ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title  Title  Title						• 			1.0.1.0.			
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  ACKS CEMENT  ACKS CEMENT  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  ACKS CEMENT  SACKS CEMENT	Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  APP 12 SACKS CEMENT  SACKS CEMENT  DEPTH SET  SACKS CEMENT  S	Perforations	L	<del></del>		Denth Casing Shoe							
ACE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACKS CEMENT  SACKS CEMENT  DATA AND REQUEST FOR ALLOWABLE  II. WELL  (Ten must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date of Test  Producing Method (Flow, pump. gas lift, etc.)  Casing Pressure  Casing Pressure  Choke Size  Ch						Sopial Casing Grace						
T. TEST DATA AND REQUEST FOR ALLOWABLE  DILL WELL (Test most be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump., gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Choke Size  Lenual Prod. During Test Oil - Bbls. Water - Bbls. Gas-MCF  GAS WELL  Lenual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  setting Method (pitot, back pr.) Tubing Pressure (Shus-in) Choke Size  T. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have bees compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR  Title Title	TUBING, CASING AND					CEMENTI	NG RECOR	D				
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Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump. gas lift, etc.)  Length of Test  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Chok												
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Length of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Lenual Prod. During Test  Oil - Bbls.  Chis - Bbls.  Choke Size  Ch	OIL WELL (Test must be after re	ecovery of low	al volume o		il and must	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hour	<b>3.)</b>	
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gravity of Condensate  String Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Choke	Date First New Oil Run To Tank	Date of Test	:			Producing Me	thod (Flow, pur	np. gas lift, et	ic.)		7	
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gas- MCF  Gas- MCF  Condensate MMCF  Division have been completed with and that the information given above is true and complety to the best of my knowledge and belief.  Signature  Kathy Polleys - Regulatory Affairs Supervisor Printed Name  April 20, 1989 (214) 991-3344  Water - Bbls.  Water - Bbls.  Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Conoccurrent  Cono	ngth of Test Tubing Pressure					Casing Pressu			Choke Size	Choke Size		
GAS WELL  Notual Prod. Test - MCF/D  Length of Test  Biblia. Condensate/MMCF  Gravity of Condensate  String Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Kathy Polleys - Regulatory Affairs Supervisor  Printed Name  April 20, 1989 (214) 991-3344  Biblia. Condensate/MMCF  Gravity of Condensate  Choke Size  OIL CONSERVATION DIVISION  APR 2 5 1989  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title												
Signature  Kathy Polleys - Regulatory Affairs Supervisor Printed Name  April 20, 1989 (214) 991-3344  Bbls. Condensate/MMCF Gravity of Condensate  Bbls. Condensate/MMCF Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  DIVISION  APR 2 5 1989  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title	al Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
Signature  Kathy Polleys - Regulatory Affairs Supervisor Printed Name  April 20, 1989 (214) 991-3344  Bbls. Condensate/MMCF Gravity of Condensate  Bbls. Condensate/MMCF Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  APR 2 5 1989  ORIGINAL SIGNED BY JERRY SEXTON  District I SUPERVISOR  Title  Title	CACHIELI	l	<del></del> -									
The property of Condensate Musics (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Choke Size  Thereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Kathy Polleys - Regulatory Affairs Supervisor Printed Name  April 20, 1989 (214) 991-3344  Title  Title  Title  Title		l ength of To	est			Dhis Conde						
L OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Signature  Kathy Polleys - Regulatory Affairs Supervisor Printed Name  Title  April 20, 1989 (214) 991-3344  OIL CONSERVATION DIVISION  Date Approved  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title						BOIL CONGENIEZ/MIMCF			Gravity of Condensate			
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Kathy Polleys - Regulatory Affairs Supervisor Printed Name  April 20, 1989 (214) 991-3344  OIL CONSERVATION DIVISION  Date Approved  ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title  Title	esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
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Division have been complied with and that the information given above is true and complete/to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON  Printed Name  Title  April 20, 1989 (214) 991-3344  Title					CE	ح ا	II CON	SED\/A	TION	MISIO	A I	
Signature Kathy Polleys - Regulatory Affairs Supervisor Printed Name April 20, 1989 (214) 991-3344  Date Approved  By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR  Title	Division have been complied with and the	hat the inform	nation given	above		_						
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Kathy Polleys - Regulatory Affairs Supervisor Printed Name April 20, 1989 (214) 991-3344  Title Title	Att (~	)///										
Kathy Polleys - Regulatory Affairs Supervisor Printed Name April 20, 1989 (214) 991-3344  Title Title		<u> </u>	13		—— <u> </u>	By ORIGINAL SIGNED BY JERRY SEXTON						
April 20, 1989 (214) 991-3344 Title	Printed Plane Title								DISTRICT	SUPERVIS	OR	
	April 20, 1989	(214)	-			Title_		— <del>—</del>		··		
	Dete											

## INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.