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ſ	NO. OF COPIES RECEIVED			
ı	DISTRIBUTION			
1	SANTA FE			
ı	FILE			
Ì	U.S.G.S.			
	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
1.	PRORATION OFFICE			<u> </u>
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1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Degrator Mallard Exploration Address 1306 V & J Tower, Midl Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership f change of ownership give name	REQUEST FO A AUTHORIZATION TO TRANS Inc. and, Texas 79701 Change in Transporter of: Oil Dry Gas Casinghead Gas Condensa		or	
11. [DESCRIPTION OF WELL AND L Lease Name Phillips-House-State Location	EASE Well No. Pool Name, Including Form House (Drink	nation Kind of Lease ard) State, Federal of	ter Fee State B-9652	
111.	Line of Section 2 Town	ER OF OIL AND NATURAL GAS or Condensate	Address (Give address to which approve	s 79701	
	Name of Authorized Transporter of Casi If well produces oil or liquids, give location of tanks. If this production is commingled with	nghead Gas 🗍 or Dry Gas 🛅	Address (Give address to which approve Is gas actually connected? When NO	d copy of this form is to be sent)	
IV.	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)		New Well Workover Deepen Total Depth Top Gil/Gas Pay	Plug Back Same Restv. Diff. Restv. P.B.T.D. Tubing Depth Depth Casing Shoe	
	Perforations HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Others (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbls.	Gas - MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	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. Complete to the best of my knowledge and belief. (Signature)		TITLE SUPERVISOR DISTRICT 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. Separate Forms C-104 must be filed for each pool in multiply		