NO. OF COPIES RECEIVED	
DISTRIBUTION	.1EW MEXICO OIL COM
SANTA FE	REQUEST FO
U.S.G.S.	AUTHORIZATION TO TRAN
LAND OFFICE	AUTHORIZATION TO TRAN
TRANSPORTER OIL	
GAS	
OPERATOR	
1. PRORATION OFFICE Operator	
CONTINENTAL CIL	COMPANY
Address	NIAI 00040
P. O. Box 460, Hobb	
New Well	Change in Transporter of:
Recompletion	Otl Dry Gas
Change in Ownership	. Casinghead Gas Condensa
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AN	Lease No. Well No. Pocl Name
	NM-0557686 84 MONU
Lecation	30 Feet From The North Line 6
Unit Letter;3	reet from the
Line of Section 22	Township 205 Range 3
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GAS
	Casinghead Gas or Dry Gas
Name or Authorized Transporter of	Casinghead Gas or Dry Gas
Warner Petroles	Unit Sec. Twp. Rge.
If well produces oil or liquids, give location of tanks.	E 13 20 37
If this production is commingled IV. COMPLETION DATA	with that from any other lease or pool, gi
	Oil Well Gas Well
Designate Type of Comple	
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation
Perforations	
	TUBING, CASING, AND
HOLE SIZE	CASING & TUBING SIZE
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be after
OIL WELL	able for this dept
Date First New Oil Run To Tanks	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil-Bbis.
GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pitot, back pr.)	Tubing Pressure
lesting Method (pitot, back pr.)	tubing Flassato
VI. CERTIFICATE OF COMPLIA	ANCE
I hereby certify that the rules as	nd regulations of the Oil Conservation d with and that the information given
above is true and complete to	the best of my knowledge and belief.
	li li
1 1	
Buch he	
Administrative Supervisor	ignature)
	(Title)
400 4 4070	[]

NMOCD (5), 4565(2), NMFK(4), File

NSERVATION COMMISSIC OR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

THE ST DATA AND REQUEST FOR ALLOWABLE [Listed street Date Compiled with and for Production Production Professions Profe	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
DPENATOR OFFICE CONTINUED CL COMPANY Production for the control of the control	OIL				
PROBLEM TON OFFICE CONTINENTS OF CONTINENTS					
CONTINCEDENCE CIL COLUMNY Marine Responsibility (Place proper box) Responsibility (
RESIDENT FOR ALLOWARDS N.M. C8240 P. O. SOX 400, Holids, N.M. C8240 Respective for the properties of controlled and completely for the properties of controlled and contr	·	COMBANY			
RESPOND TO THING (Short proper bay) The water and the properties of the properties	Address				
Commence of the content of the conte		``	Other (Please explain)		
Consideration Construction If change of ownership give name made address of previous owner. Well Bit. Floor None, including Fermitter. State Largers No. 1	``		Lesse Name	Redasignation From:	
If change of ownership give name and address of previous waver and address of previous waver. Description of Well And Lease Description of Control of Contro	一		F=1 i	2014 115.07	
THE ST DATA AND REQUEST FOR ALLOWABLE [Listed street Date Compiled with and for Production Production Professions Profe		. Castrighted Gas conden			
Legacy Name Legacy Name Legacy Name Standard Formation Standard Sta					
SEAR SKARGES NAMOSSERS 34 MANAMENT TIEBS State, Descriptor Fee Line of Section 22 Township 20 5 Forege 37 C, NMPM, Aca 2 DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Note of Administration Transporter of City 20 or Consequently 20 5 Forege 37 C, NMPM, Aca 2 DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Note of Administration Transporter of City 20 or Consequently 20 or Conseq	DESCRIPTION OF WELL AND	LEASE			
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING A TUBING SIZE CASING FREE New Oil Front 70 Torse Casing Free sure Chocke Size Chocke Size CERTIFICATE OF COMPLIANCE I Tubing Pressure Chocke Size CERTIFICATE OF COMPLIANCE I Dereph Size Casing Pressure Chocke Size CERTIFICATE OF COMPLIANCE CASING SIZE COMPANDATION COMMISSION APPROVED AND 2 7 SER					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Notes of Authorized Transporter of CIT Sample of Condemnts of the Oil Conservation Warrier Federate of Consequence of Cit Sample of Consequence of Cit Sample of	Location	•			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorased Transporter of Cit 2 or Condensate Authorased Transporter of Cit 2 Authorased Complete Com	Unit Letter A ; 3 :	30 Feet From The North Line	e and <u>610</u> Feet F	rom The Fast	
Mile of Authorized Transporter of Considerand Gas or Dry Gas Addices I for which approved copy of this form is to be seen with the production of Authorized Transporter of Considerand Gas or Dry Gas Addices I for which approved copy of this form is to be seen with the production of the production of the production production of the production of the production production of the production o	Line of Section 22 T	ownship 205 Range	37 E , NMPM, A	County	
Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address to which approved copy of this form is to be sen Address (Gite address (Gite address to which approved copy of this form is to be sen Address (Gite address (Gite address (Gite address of this form must be conspiled with and the tensor approved to the sen of this form must be conspiled by a shall of the tensor and the copy of this form well in accordance with approved able to this approved to well, this form must be accordance with app	TOTAL OF TRANSPOR	DEED OF OUR AND NATURAL CA	8		
West reduces oil or liquids, Call Sec. Twp. Page It well produces oil or liquids, F. 3 2 2 3 7 Security production is comminged with that from any other lease or pool, give comminging order number CONPLETION DATA Call Well Cas Wall New Well Workever Deepen Plug Book Some Rest. Diff Consequence Deep Plug Book Some Rest. Diff Deep Plug Book Some Rest. Diff Deep Plug Book Some Rest. Diff Deep Plug Book Plug	Name of Authorized Transporter of C	or Condensate	Address (Give address to which a		
### West Production of Completion - (X) If this produces oil or Highlands, production is commingded with that from any other lease or pool, give commingding order number: ### COMPLETION DATA Designate Type of Completion - (X) Date Completion - (X)	Atlantic Pipe Lin	Company of Dry Gas	Address Give address to which a	approved copy of this form is to be sent)	
If this production is commingled with that from any other lease or pool, give commingting order number: CONPLETION DATA Designate Type of Completion — (X) Date Compil. Ready to Prod. Date Spudded Date Compil. Ready to Prod. Elevations DF, RKB, RT, CR, etc., Name of Producting Formation Top Oil/Das Pay Tabing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBINO SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed in able for this depth or be for full 24 hours) Date First New Oil Run To Tanes Length of Test Casing Pressure Casing Pressure Choke Size CHARLE Frod. Test-MCF/D Length of Test GAS WELL Actual Prod. Test-MCF/D Length of Test CERTIFICATE OF COMPLIANCE Commission have been complisted with and that the information given shove is true and complete to the best of my knowledge and belief. ADD 2 7 873 (Title) ADD 2 7 873 Table Completed Completed by the complisance with RULE 111. ADD 3 7 873 (Title) ADD 2 7 873 Table Completed Completed by the completed by the completed by the secondance with RULE 111. ADD 4 7 873 (Title) ADD 2 7 873 Table Completed Completed by the completed by the completed by the secondance with RULE 111. ADD 4 7 873 (Title) ADD 2 7 873					
If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spusies Date Completion — (X) Total Death Productions Perforations Date Completion — (X) Date Spusies Date Casing Fremation Tubing Casing Fremation Tubing Casing Shoe Tubing Casing Shoe Tubing Casing Shoe Date Casing Shoe Date Casing Shoe Date Casing Shoe Test Data And Request For Allowable (Test must be five recovery of total volume of load oil and must be squal to or exceed to able for this depth or be for full 24 hours) Date First New Oil Run To Tonas Date of Test Date First New Oil Run To Tonas Date of Test Date First New Oil Run To Tonas Date of Test Date First New Oil Run To Tonas Date of Test Date of Test Date First New Oil Run To Tonas Date of Test Date of	If well produces oil or liquids,	Unit Sec. Twp. Age.			
Designate Type of Completion — (X) Designate Type of Completion — (X) Date Spudded Date Spudded Date Compl. Ready to Prod. Date Spudded Date Spudded Date Compl. Ready to Prod. Total Depth Pib.T.D. Perforations Tubing Casing, AND CEMENTING RECORD Tubing Depth Tubing Casing, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be squal to or exceed to able for this depth or be for full 24 hours) Dute First New Oil Run To Tanks Date of Test Tubing Pressure Casing Freesure Casing Freesure Choke Size Oil -Bis. Water-Bis. Gas-MCF Centry Actual Prod. Duting Test Commission have been complied with and that the information given above is true and complete to the beat of my knowledge and bolisf. Diet J. Supr. This form is to be filed in compliance with Rule 1104. All Supervices (Title) ADD 9 7 8379 (Title) Date Compliance with Rule 1104. Signature) Date Compliance with Rule 1104. Signature) Date Spudded Total Depth Pib. T.D. Polit J. Supr. Diet J. Supr. Diet J. Supr. This form is to be filed in compliance with Rule 1104. Signature) ADD 9 7 8379 (Title)	<u> </u>				
Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth Perforations Tubing Depth Depth Cosing Shoe Tubing Depth Tubing Depth Perforations Tubing CASING, AND CEMENTING RECORD Depth SET SACKS CEMENT TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after resourcy of total volume of load oil and must be equal to or exceed to able for this depth or be for full 26 hours) Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Freesure Choke Size CHORE Size GAS WELL Actual Prod. Test-MCF/D Length of Test Water-Bbls. Casing Pressure Choke Size 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. Length of Test (Signature) ADD 2 7 1879 ADD 2 7 1879 Dist. 1, Suppy. This form is to be filled in compliance with RULE 1114. All sections of this form must be recomplied with RULE 1114. All sections of this form must be recomplied with RULE 1114. All sections of this form must be recomplied out completely for above above and recompleted well in accordance with RULE 1114. All sections of this form must be recomplied out completely for above and recompleted well in accordance with RULE 1114. All sections of this form must be recompleted with and completely for above and recompleted wells.					
Elevations (DF, RKB, RT, GR, etc., Name of Producting Formation Top Oil/Gas Pay Tubing Depth TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING a TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to alle for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producting Method (Flow, pump, gas lift, etc.) Casing Pressure Choke Size GAS WELL Actual Prod. During Test Oil - Bbis. Water - Bbis. Grad-MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given shows is true and complete to the best of my knowledge and belief. ADD 2 7 879 (Signature) (Signature) (Title) ADD 2 7 879 TUBING CASING. AND CEMENTING RECORD Toppin GEORD Toppin GEORD Toppin GEORD Top Oil Casing Pressure Choke Size Oil CONSERVATION COMMISSION APPROVED APR 3 0 19/9 , 19 Doil 1, Supv. This form is to be filed in compliance with RULE 1104. All sections of this form must be accompanied by a stabulation of the detection on the well in accordance with RULE 11104. All sections of this form must be filed out completely for shore and we sately accepted wells.	Designate Type of Complet				
Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE CASING & TUBING SIZE CASING & TUBING SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours) Date of Test Length of Test Tubing Pressure Casing Pressure Chick Size CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the beat of my knowledge and belief. ADP 2 7 1979 ADD 2 7 1979 Depth Casing Pressure Casing Pressure City Condensate/AMCF Gravity of Condensate Chick Size OIL CONSERVATION COMMISSION APPROVED APR 30 1979 TITLE Diet 1, Supv. This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or devel, this form must be accompanied by a rebulation of the dester taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for shapes of the content and recompleted wells.	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours) Dute First New Oil Run To Tonks Date of Test Tubing Pressure Casing Pressure Chicke Size 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. ACTIVITIES TO THE 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. ACTIVITIES TO THE COMPLIANCE OIL CONSERVATION COMMISSION APPROVED APR 30 1/9 19 SY 1TILE Diet I, Supv. This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or to well, its form must be filled out completely for above is true and recompleted wells. ALL (Title) ADD 2 7 1979	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING A TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours) Dote First New Oil Run To Tones Date of Test Tubing Pressure Casing Pressure Chake Size Actual Prod. During Test Actual Prod. During Test Actual Prod. Test-MCF/D Length of Test Bibls. Condensate/MMCF Gravity of Condensate CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been completed with and that the information given above is true and complete to the best of my knowledge and belief. Administrative Supervisor (Title) ADD 2.7 1879 TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CHAPPROVED APPROVED TITLE Dist 1, Supv. TITLE Dist 1, Supv. TITLE Dist 1, Supv. This form is to be filled in complication of the deligible of the sack staken on the well in accordance with RULE 1104. If this is a request for all substant of the deligible of the sack staken on the well in accordance with RULE 1104. Signature) AUTION COMMISSION APPROVED APPR				Depth Casing Shoe	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test Actual Prod. Test-MCF/D Length of Test Testing Method (Pitot, back pr.) Tubing Pressure Casing Pressure Choke Size Casing Pressure Choke Size Casing Pressure Choke Size	Perforations				
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size 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. (Signature) Administrative Supervisor (Title) ADD 2.7 879				SACKS CEMENT	
Actual Prod. During Test Date of Test Date	HOLE SIZE	CASING & TUBING SIZE	DEPTH 321	SAGRE GENEZ.	
Actual Prod. During Test Date of Test Date					
Actual Prod. During Test Date of Test Date					
Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF Gas-MCF Gas-MCF Choke Size Casing Pressure Choke Size Casing Pressure Choke Size Casing Pressure Casing Pressure Choke Size Casing Pressure Choke Size 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. Administrative Supervisor (Title) ADD 2 7 879 Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Choke Size OIL CONSERVATION COMMISSION APPROVED APR 3 1979 Orig. Signed by BY IPTLE Dist 1, Supv. TITLE Dist 1, Supv. Title is a request for allowable for a newly drilled or divell, this form must be accompanied by a tabulation of the ditests taken on the well in accordance with RULE 1104. All sections of this form must be filled out completely for able on new and recompleted wells.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of loa	d oil and must be equal to or exceed top allow	
Actual Prod. During Test Actual Prod. During Test Cil-Bbls. Cil-Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure Casing Pressure Cosing Pressure Cosing Pressure Cosing Pressure Cosing Pressure Cosing Pressure Coll Conservation Commission APPROVED Approved Approved Approved Approved Approved Approved Title (Signature) (Title) Approved (Title) Conservation of the Oil Conservation given by a signal by					
Actual Prod. During Test Actual Prod. During Test Cil-Bbls. Cil-Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure Casing Pressure Cosing Pressure Cosing Pressure Cosing Pressure Cosing Pressure Cosing Pressure Coll Conservation Commission APPROVED Approved Approved Approved Approved Approved Approved Title (Signature) (Title) Approved (Title) Conservation of the Oil Conservation given by a signal by			Cooling Draggues	Choke Size	
GAS WELL Actual Prod. Test-MCF/D Length of Test Casing Pressure Casing Pressure Casing Pressure Choke Size 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. Administrative Supervisor (Signature) (Title) Bbls. Condensate/MMCF Gravity of Condensate Choke Size OIL CONSERVATION COMMISSION APPROVED APPROVED APPROVED APPROVED Orig. Signed by BY TITLE Dist 1, Supv. This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or do well, this form must be accompanied by a tabulation of the ditests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells.	Length of Test	Tuping Pressure	Cdsing Piessure		
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure Casing Pressure Choke Size 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. Administrative Supervisor (Signature) (Signature) (Title) Bbls. Condensate/MMCF Casing Pressure Cloke Size OIL CONSERVATION COMMISSION APPROVED APPROVED Orig. Signed by BY Jerry Sexton TITLE Dist 1, Supv. This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or downly this form must be accompanied by a tabulation of the ditests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells.	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure Casing Pressure Choke Size 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. Administrative Supervisor APP 2 7 1979 Bbls. Condensate/MMCF Casing Pressure Cloke Size OIL CONSERVATION COMMISSION APPROVED APPR 3 0 1979 BY Orig. Signed by BY Title Title This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or do well, this form must be accompanied by a tabulation of the ditests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells.			<u> </u>		
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size 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. Administrative Supervisor (Title) Casing Pressure Choke Size			Bhia Cardonasta AMCE	Gravity of Condensate	
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. Apple 2 7 1979	Actual Prod. Test-MCF/D	Length of Test	Date: Condendated MMCE		
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. BY	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
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. BY	CERTIFICATE OF COURT	NCE	OIL CONSE	RVATION COMMISSION	
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. BY	CERTIFICATE OF COMPLIA	HOE	ΛP		
Administrative Supervisor (Title) App 2 7 1979 Sexton Pist 1, Supv.	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Orig. Signed by		
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or down well, this form must be accompanied by a tabulation of the dottest taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells.			lerry Sexton		
If this is a request for allowable for a newly drilled or do well, this form must be accompanied by a tabulation of the dot tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells.					
(Signature) Administrative Supervisor (Title) APP 2 7 1979 (Signature) well, this form must be accompanied by the RULE 111. All sections of this form must be filled out completely for able on new and recompleted wells.	LAD.		To Allin in a consument for	allowable for a newly drilled or deepene	
(Title) All sections of this form must be filled out completely for able on new and recompleted wells. APP 2 7 1979	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
ADP 2 7 1879		Title)	All sections of this for	rm must be filled out completely for allow	
	APR 2 7 1979		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		
(Date) well name or number, or transporter, or other such change of the Separate Forms C-104 must be filed for each pool in completed wells.	((Date)	Separate Forms C-104	must be filed for each pool in multiple	