1.	NO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE  Operator  Operator  Continue of the office  Description  Change in Ownership	DISTRIBUTION UNTAFE UE									
	If change of ownership give name and address of previous owner										
11.	ESCRIPTION OF WELL AND LEASE										
	ERITT Staggs Com	2 Eumoss Que	PJ GAS State, Federal	or Fee							
	Unit Letter K; 16-	50 Feet From The Law The Line	e and Feet From T	he WEST							
	!	nship 20-J Range									
m	Lassen	ан на н									
	DESIGNATION OF TRANSPORT										
	Name of Althorized Transporter of Cas.		Address (Give address to which approv								
	EL PASS NATUER	Unit Sec. Twp. Rge.	EL INSU TEXA Is gas actually connected? When	-S ,							
	give location of tanks.	K: 11:20:37	<u> </u>	NA							
1V.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff.										
	Designate Type of Completion		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	ubing Depth							
	Perforations		L	Depth Casing Shoe							
		TUBING, CASING, AND	CEMENTING RECORD								
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	······································										
¥.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)										
	Date First New Oil Run To Tanks	Date of Test-	Producing Method (Flow, pump, gas life	t, etc.)							
	Length of Teat	Tubing Pressure	Casing Pressure	Choke Size							
	Actual Prod. During Test	Oll-Bbla.	Water-Bbls.	Gas - MCF							
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bola, Condensgte/MMCF	Gravity of Condensate							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
	.esting Mathod (picot, back pr.)										
Υ.Υ	CERTIFICATE OF COMPLIANO	CE									
	I hereby certify that the rules and r obmission have been complied w	egulations of the Oil Conservation with and that the information given	APPROVED	, 19							
	above is true and complete to the	best of my knowledge and belief.	Bigt	· Senten 1, Supv.							
			TITLE Dist 1, Supr. This form is to be filed in compliance with RULE 1104.								
	D Mayin		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								
	A Stan ant	22 EUF # J	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-								
	Here The	:le)	All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,								
	Umiles NMF	(1) (4) File	Well name or number, or transporter, or other such changes of condition. Separate Forms C-104 must be filed for each pool in multiply								
	1011000 (0) 1011/70		completed wells.								

well name or	number,	or tran	sporte	er, or	otter	auc	an cm	ura o	a condition	
Separate	Forms	C-104	must	b e	filed	for	each	pool	in multiply	t
completed wi	elis.									