NO. OF SOPIES REC	1		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.5.			
LAND OFFICE			
IRANSPORTER	OIL	1	
	OIL GAS		
OPERATOR			
PROPATION OFFICE			
Operator			

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS    Concentration		DISTRIBUTION .	NEW MEXICO OIL	CONSERVATION COMMERCIAN				
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS    Concentration   Concentratio		SANTA FE	DEOLIE C	DECLIECT COD ALL CHARLE				
LAND OFFICE   LAND LOOP		FILE	REQUES		Supersedes Old C-104 and C-			
ADDITIONAL AND NATURAL GAS    TARAPPORTER   Oct   Oct		U.S.G.S.		* · · -				
I DESCRIPTION OF WELL AND LEASE    Description   Descripti			AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	_ GAS			
CORDICATION OF NELL AND LEASE   Learn stores of the continued from the Brry 2   82   Det Albo   Burbon   Continued from the Brry 2   82   Det Albo   Continued from the Brry 2   Research   Continued from the		<u> </u>						
Concession   Property   Propert		TRANSPORTER						
Designation		<del> </del>			•			
Connoco Inc.	_							
P.O. Box 460   Hobbs, NM 88240	I.	<u> </u>						
Research   Secretary   Change in Transporter of City   Change in Connection   City   Condensate   Change of ownership   Change of		Conoco Inc.						
New York   Change of Ownership give name and sedices of previous newer   Castopheed Gas   Condensate   Cond		P.O. Box 460 Hobb	s, NM 88240					
Comparison   Cit   Congression   Consequence   Consequence   Consequence   Congression   Congressi		Reason(s) for filing (Check proper box)  Other (Please explain)						
Change in Conversible   Castingheed Gas   Candensore		New Well	Change in Transporter of:					
III. DESCRIPTION OF WELL AND LEASE    Lease Note   Marrier Unit Berry 2   82   D-K Abo		Recompletion	Cil Dry C	Gas				
II. DESCRIPTION OF WELL AND LEASE    Least the properties   Section   Section		Change in Ownership	Casinghead Gas Cond	lensate				
II. DESCRIPTION OF WELL AND LEASE    Least the properties   Section   Section		If change of ownership give name						
Linear None   Warren Unit Btry 2   82   D-K Abo   Stock_Category Fee   LC 06]4/.								
Linear None   Warren Unit Btry 2   82   D-K Abo   Stock_Category Fee   LC 06]4/.								
Harren Unit Btry 2 82 D-R Abo    Continuo	11.							
Location				· · · · · · · · · · · · · · · · · · ·				
Unit Letter C : 1980 Feet From The N Line and 1980 Feet From The E  Line of Section 35 Township 20-S Range 38-E INDEM. Lea  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Notes of Authorized Transporter of Oil S or Condenses Township 20-S Address (Give address to whick approved copy of this form is to be Connoc Onc. Surface Transporter of Oil S or Condenses Township 20-S Address (Give address to whick approved copy of this form is to be Connoc Onc. Surface Transporter of Oil S or Diri Goo Township 20-S No. 2587, Robbs, NM  Netter of Authorized Transporter of Considered Gas S or Diri Goo Township 20-S No. 2587, Robbs, NM  If well production in Connoc Information 19 P.O. Box 730, Robbs, NM  If well production is commingled with that from any other lease or pool, give commentary township 20-S No. 258, Robbs, NM  If this production is commingled with that from any other lease or pool, give commentary township 20-S No. 258, Robbs, NM  If well production is commingled with that from any other lease or pool, give commentary township 20-S No. 258, Robbs, NM  If this production is commingled with that from any other lease or pool, give commentary township 20-S No. 258, Robbs, NM  If well production is commingled with that from any other lease or pool, give commentary township 20-S No. 258, Robbs, NM  If this production is commingled with that from any other lease or pool, give commentary township 20-S No. 258, Robbs, NM  If well production is commingled with that from any other lease or pool, give commentary township 20-S No. 258, Robbs, NM  If well production is commingled with that from any other lease or pool, give commentary township 20-S No. 258, Robbs, NM  If well production is commingled with that from any other lease or pool, give commentary township 20-S No. 258, Robbs, NM  Designator Type of Completion - (X) X  Doil Sput Type of Completion - (X) X  Doil Sput Type of Completion - (X) X  Doil Sput Type of Completion - (X) X  If all the production is commingled with that from any other lease or pool, giv			82 D-K Abo	State, Gede	LC 063458			
HIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Notice of Authorized Transporter of Oil			1000 N	1000	<u>_</u>			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Notice of Authorstred Transporter of Oil   Or Condensate   Address (Give address to which approved copy of this form is to be Concord of Authorstred Transporter of Oil   Or Concord   Address (Give address to which approved copy of this form is to be Concord of Authorstred Transporter of Compensate   P.O. Box 730, Hobbs, NM		Unit Letter;;	1900 Feet From TheL	tne and 1980 Feet From	m The E			
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Notice of Authorized Triansporter of Oil   Or Concension   Address (Give address to which approved copy of this form is to be Concension   P.O. Box 2587, Robbs, NM   Notice of Authorized Triansporter of Oil   Or Concension   P.O. Box 2587, Robbs, NM   Notice of Authorized Triansporter of Oil   Or Concension   P.O. Box 2587, Robbs, NM   Getty Oil Company   P.O. Box 730, Robbs, NM   If well produces oil or liquids, and the comming of the comm		Time of Section 35 T	20-5	39_E				
None of Authorized Transporter of OIL Set Condenses Connect Onc. Surface Transportation  None of Authorized Transporter of Cossingness Cos Score of Dry Gas Connect Onc. Surface Transporter of Cossingness Cos Score Dry Gas P.O. Box 2387, Hobbs, NM  Address (Give address to whick approved copy of this form is to be Getty Oil Company  If well produces oil or Italian, 'An 35 20 38 Yes Consideration of tonks.'  A 35 20 38 Yes Connected New Yes Company  If well produces oil or Italian, 'An 35 20 38 Yes Company  If the produces oil or Italian, 'An 35 20 38 Yes Company  If the produces oil or Italian, 'An 35 20 38 Yes Consideration of tonks.'  A 35 20 38 Yes Connected New Yes Company  If the produces oil or Italian, 'An 35 20 38 Yes Consideration of the Same Restrict One of the Same Restrict O		Line of Section 33	ownship 20 3 Range	Jo-E , NMPM, Lea	County			
None of Authorized Transporter of OIL Set Condenses Connect Onc. Surface Transportation  None of Authorized Transporter of Cossingness Cos Score of Dry Gas Connect Onc. Surface Transporter of Cossingness Cos Score Dry Gas P.O. Box 2387, Hobbs, NM  Address (Give address to whick approved copy of this form is to be Getty Oil Company  If well produces oil or Italian, 'An 35 20 38 Yes Consideration of tonks.'  A 35 20 38 Yes Connected New Yes Company  If well produces oil or Italian, 'An 35 20 38 Yes Company  If the produces oil or Italian, 'An 35 20 38 Yes Company  If the produces oil or Italian, 'An 35 20 38 Yes Consideration of tonks.'  A 35 20 38 Yes Connected New Yes Company  If the produces oil or Italian, 'An 35 20 38 Yes Consideration of the Same Restrict One of the Same Restrict O	III.	DESIGNATION OF TRANSPOR	TER OF OU AND NATURAL C	AC				
Conoco Inc. Surface Transportation Note of Antherized Transporter of Costaphanes Cost of Cost Cost Getty Oil Company  If well produces oil or liquids, give location of traits.  A 35   20   38   Yes   12-22-80  If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)   X   X   X   X   X   X   X   X   X		Name of Authorized Transporter of O	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)			
None of Authorized Transporter of Comangheed One DC or Dry Gos Address (Five address to which approved copy of this form is to be Getty Oil Company  If well produces oil or liquids, A 35 20 38 Yes 12-22-80  If his production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X) X X Yes 10 Despen Plug Back Some Restry, Completion - (X) X X Yes 10 Description - (X) X Yes 10 Description - (X) X X Yes 10 Description - (X) X		Conoco Inc. Surface	Transportation					
Getty 0il Company  If well produces all or liquids, give location of lands.  A 35 20 38 Yes   12-22-80    If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)   X   X   X   X   X   X   X   X   X				Address (Give address to which approved copy of this form is to be sent)				
H well produces oil or liquids,   Unit   Sec.   Twp.   Poe.   Is associably connected?   When   12-22-80				i				
Signature   Standard			Unit Sec. Twp. Rge.					
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion — (X)			,	1				
IV. COMPLETION DATA  Designate Type of Completion — (X)  Designate Type of Completion — (X)  X  X  X  Date Spuddes  9-02-80  12-12-80  1				<del></del>	12-22-60			
Designate Type of Completion — (X) X Gas Well X West Work Work Work Covers Deepen Plug Back Same Rest. I. X  Date Spudded Date Compl. Ready to Pred. Total Depth P.B.T.D. 7740'  12-12-80 7750' 7740'  Elevations (Pr. RRB, RT, CR, etc., Name of Producing Formation Top Cit/Gas Pay Tubing Depth P.B.T.D. 7697'  CL 3560' Abo 7055' – 7707' TUBING, CASING, AND CEMENTING RECORD 7750'  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12-1/4" 9-5/8" 1512' 940  8-3/8" 7" 7750' 1247  V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excess Oil, WELL oble for this depth or be for full 24 hours)  Dest First New Cill Fun To Tancs Date of Test Date of Test Date First New Cill Fun To Tancs Date of Test Date First New Cill Fun To Tancs Date of Test Producing Method (Flow, pump, gas life, etc.)  12-31-80 Length of Test Call-Bibs. Water-Bibs. Gas-MCF  Actual Fred. Test-MCF/D Length of Test Date of Test Date of Test Call-Bibs. Water-Bibs. Gas-MCF  Testing Method (pitot, back pr.) Tubing Freesure (Shat-in) Cosing Pressure (Ebut-in) Choice Size  OIL CONSERVATION COMMISSION  APPROVED  Administrative Supervisor			ith that from any other lease or pool,	, give commingling order number:				
Date Spudded  9-02-80  12-12-80  12-12-80  7750'  7760'  7760'  7760'  7760'  7760'  7760'  7760'  7760'  7760'  7760'  Peterorations  7051'  Abo  7051'  7051'  7051'  7051'  7051'  7050'  7051'  7050'  7060'  7050'  70	1			New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.			
Date Spudded 9-02-80 12-12-80	- 1	Designate Type of Completi	ion - (X)	x				
Elevations (DF, RKB, RT, GR, etc., GL 3560' Abo 7051' Tobing Depth Abo 7051' Tobing Depth Casing Abo 7055' - 7707' Tobing Depth Casing Abo 7055' - 7707' TUBING, CASING, AND CEMENTING RECORD 7750' TUBING, CASING, AND CEMENTING RECORD 7750' TUBING, CASING, AND CEMENTING RECORD 12-1/4" 9-5/8" 1512' 940 8-3/8" 7750' 1247	İ	Date Spudded			P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.,)  GL 3560' Abo  TO51' TO51' TO51' TO51' TO51' TO55' - 7707'  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE TUBING SIZE TO55' - 7707'  TUBING CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE TO57' TO57	İ	9-02-80	12-12-80	7750'	7740'			
Perforations 7055' - 7707'  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING A TUBINO SIZE  DEPTH SET  SACKS CEMENT  12-1/4"  9-5/8"  7"  7"  7750'  1247  2-3/8"  7097'  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL, WELL  Date First New Cil Run To Tonus  Date of Test  2-26-81  Length of Test  24-0  Actual Pred. During Test  200  35  Pump  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  NA  Onen  Actual Pred. During Test  200  35  OIL Bibls.  Gas-MCF  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Will film is a request for allowable for a nowly drilled or well, in secondance with RULE 110.  If this is a request for allowable for a nowly drilled or well, in secondance with RULE 110.  This form is to be filed in compliance with RULE 110.  If this is a request for allowable for a nowly drilled or well, in secondance with RULE 110.  Administrative Supervisor	ı	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	<u> </u>			
Perforations 7055' - 7707'  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  12-1/4"  9-5/8"  7"  7750'  1247  7750'  1248  77697'  780'  780'  780'  780'  780'  780'  780'  780'  780'  780'  780'  780'  780'  780'  78	ı	GL 3560'	Abo	7051'	7697'			
TUBING, CASING, AND CEMENTING RECORD  ACASING & TUBING SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  12-1/4"  9-5/8"  7750' 1247  2-3/8"  7750' 1247  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date of Test oble for this depth or be for full 24 hours)  Date of Test oble for this depth or be for full 24 hours)  Date of Test Producing Method (Flow, pump, gas lift, etc.)  Pump  Length of Test  Tubing Pressure Casing Pressure Casing Pressure Choke Size  Actual Prod. During Test OIL-Bhis. Water-Bbis.  Gas-MCF  200  35  165  10  GAS WELL  Actual Prod. Test-MCF/D Length of Test  Bbis. Condensate/MMCF Gravity of Condensate  Testing Method (pitot, back pr.) Tubing Pressure(Shut-in)  Coaing Pressure(Ebut-in) Choke Size  OIL CONSERVATION COMMISSION  APPROVED  Approve is true and complete to the best of my knowledge and belief.  WI. CERTIFICATE OF COMPLIANCE  This form is to be filed in compliance with RULE 110.  WI. It is is a request for sllowable for a newly drilled or must be accompanied by a tebulation of the Cil Conservation Commission have been compliance with RULE 110.  WI. It is form must be accompanied by a tebulation of the Cil Conservation Commission have been compliance with RULE 110.  WI. It is is a request for sllowable for a newly drilled or with RULE 111.  All section on the well in accordance with RULE 111.  All section on the well in accordance with RULE 111.  All section of the Will nate of the Rule 1110.  All section of the Survey and be filed out completely.  All section of the Will nate of the Rule 1110.  All section of the Will nate of the Rule 1110.  All section of the Will and completely.		Perforations						
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING A TUBING SIZE DEPTH SET SACKS CEMENT 12-1/4" 9-5/8" 1512' 940  8-3/8" 7" 7750' 1247  V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)  OIL WELL  Date First New Oil Fun To Tonks Date of Test Producing Method (Flow, pump, gas lift, etc.)  12-31-80 2-26-81 Pump  Length of Test Tubing Pressure Casing Pressure Chock Size 24.0 45 NA Onen Actual Prod. During Test Oil-Bibs. Water-Bibs. Gas-MCF 200 35 165 10  GAS WELL  Actual Prod. Test-MCF/D Length of Test Bibs. Condensate/MMCF Grevity of Condensate Testing Method (Pitot, back pr.) Tubing Pressure (Shnt-in) Cosing Pressure (Ehut-in) Choke Size Oil-Bibs of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  WIL CERTIFICATE OF COMPLIANCE OIL Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  This form is to be filed in compliance with RULE 110.  This form is to be filed in compliance with RULE 110.  WILL SUPPLY AND THE SUPPLY AND THE SUPPLY ADMISSION Administrative Supervisor	1	7055' - 7707'			7750'			
12-1/4" 9-5/8" 1512' 940  8-3/8" 7" 7750' 1247  V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excess able for this depth or be for full 24 hours)  Date First New Cil Pun To Tanes Date of Test Producing Method (Flow, pump, gas life, etc.)  12-31-80 2-26-81 Pump  Length of Test Tubing Pressure Casing Pressure Choke Size  24.0 45 NA Open Actual Prod. During Test Oil-Bbis. Water-Bbis. Gas-McF  200 35 165 10  GAS WELL  Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate  Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Ehut-in) Choke Size  VI. 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 best of my knowledge and belief.  Administrative Supervisor  1 this form is to be filed in compliance with Rule 110. If this is a request for allowable for a newly drilled or well, this fact on the well in accordance with Rule 111. It takes on the well in accordance with Rule 111. It takes on the well in accordance with Rule 111. It takes on the well in accordance with Rule 111.			TUBING, CASING, AN	D CEMENTING RECORD				
8-3/8"  7" 7750' 1247  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL, WELL  Date First New Oil Run To Tonks 12-31-80 12-31-80 12-31-80 2-26-81 Length of Test 24.0 Actual Fred. During Test 200 35  Actual Fred. During Test 200 35  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Testing Method (pitot, back pr.)  Tubing Fressure (Shut-in)  Cosing Pressure (Shut-in)  This form is to be filed in compliance with RULE 110.  BY  Title  This form is to be filed in compliance with RULE 110.  (Signature)  Administrative Supervisor				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 or excess able for this depth or be for full 24 hours;    Date First New Cit Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)		•	1	1512'	940			
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL, WELL.  Date First New Cil Run To Tanks  12-31-80  2-26-81  Length of Test  Tubing Pressure  24.0  Actual Pred. During Test  200  35  165  10  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Cosing Pressure (Shut-in)  Cosing Pressure (Shut-in)  Commission have been compiled with and that the information given above is true and compilete to the best of my knowledge and belief.  Title  Supply  This form is to be filled in compliance with Rule 110-  If this is a request for allowable for a newly drilled on the cast taken on the well in accordance with Rule 1110-  If this form must be accompanied by a tabulation of the cast taken on the well in accordance with Rule 1110-  If this form must be accompanied by a tabulation of the cast taken on the well in accordance with Rule 1110-  If this form must be accompanied by a tabulation of the cast taken on the well in accordance with Rule 1110-  If this form must be accompanied by a tabulation of the cast taken on the well in accordance with Rule 1110-  If this form must be accompanied by a tabulation of the cast taken on the well in accordance with Rule 1110-  If this form must be accompanied by a tabulation of the cast taken on the well in accordance with Rule 1110-  If this form must be accompanied by a tabulation of the cast taken on the well in accordance with Rule 1110-  If this form must be accompanied by a tabulation of the cast taken on the well in accordance with Rule 1110-  If the same taken on the well in accordance with Rule 1110-  If the same taken on the well in accordance with Rule 1110-  If the same taken on the well in accordance with Rule 1110-  If the same taken on the well in accordance with Rule 1110-  If the same taken on the well in accordance with Rule 1110-  If the same taken on the well in accordance with Rule 1110-  If the same taken on the well in accordance with Rule 1110-  If the same taken on the well in accordance with Rule 1110-  If the same taken on the well in accordance with Rule 1110-  I	[	8-3/8"	1 -	7750'	1247			
OIL WEIL  Date First New Cil Run To Tanks  Date of Test  12-31-80  Length of Test  Tubing Pressure  24.0  Actual Pred. During Test  200  35  Casing Pressure  Display Pressure  Casing Pressure  NA  Onen  Gas-MCF  200  Actual Pred. During Test  Company  Gas-MCF  Display Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Company  Company  Company  Choke Size  VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Cil Conservation Commission have been compiled with and that the information given show is true and complete to the best of my knowledge and belief.  Title  Commission have been complied with and that the information given show is true and complete to the best of my knowledge and belief.  Title  This form is to be filed in compliance with RULE 110-  If this is a request for allowable for a newly drilled on compliance with RULE 110-  If this is a request for allowable for a newly drilled on compliance with RULE 110-  Administrative Supervisor			2-3/8"	7697'				
OIL WEIL  Date First New Cil Run To Tanks  Date of Test  12-31-80  Length of Test  Tubing Pressure  24.0  Actual Pred. During Test  200  35  Casing Pressure  Display Pressure  Casing Pressure  NA  Onen  Gas-MCF  200  Actual Pred. During Test  Company  Gas-MCF  Display Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure(shnt-in)  Casing Pressure(shut-in)  Choke Size  VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Cil Conservation Commission have been compiled with and that the information given show is true and complete to the best of my knowledge and belief.  Title  This form is to be filed in compliance with RULE 110.  If this is a request for allowable for a newly drilled on cell, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 110.  Administrative Supervisor								
Date First New Cil Run To Tanks  12-31-80  13-31-80  13-31-80  13-31-80  13-31-80  13-31-80  13-31-80  14-80-80-80-80-80-80-80-80-80-80-80-80-80-	<b>v</b> . ′	FEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oi	il and must be equal to or exceed top allow			
12-31-80   2-26-81   Pump	_							
Length of Test  24.0  Actual Pred. During Test  200  35  165  Casing Pressure  Water-Bble.  Gas-MCF  200  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)  Cosing Pressure (Shut-in)  Choke Size  OIL CONSERVATION COMMISSION  APPROVED  APPROVED  APPROVED  APPROVED  Title form is to be filed in compliance with RULE 110.  If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tast taken on the well in accordance with RULE 110.  All sections of this form must be filled out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the file out completely at the section of the	ı			Producing Method (Flow, pump, gas	lift, etc.)			
24.0  Actual Pred. During Test  200  35  165  10  GAS WELL  Actual Pred. Test-MCF/D  Length of Test  Deling Pressure (Shut-in)  Casing Pressure (Shut-in)  Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Administrative Supervisor  NA  Open  Gas-MCF  165  10  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  TITLE  SUPERVISOR is to be filled in compliance with RULE 110.  If this is a request for allowable for a nowly drilled or well, this form must be accompanied by a tabulation of the test taken on the well in accordance with RULE 110.  Administrative Supervisor	L		<u> </u>					
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VI.

March 17, 1981 NMFU-4 File-1

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.

WELL N	AME AND	NUMBER	WAR	REN UNIT	. #82			
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