Submit 5 Copies
Appropriate District Office
DISTRICT 1
2.0. Box 1980, Hobbs, NM 88240

# State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Rottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO TRANSPORT OIL	_ AND NATURAL GAS					
perator		Well API No.					
<u> Hadson Energy R</u> es	ources Corporation	20025-28442					
ddress							
	<u>klahoma City, OK 73125-09</u>	56					
eason(s) for Filing (Check proper box		Other (Please explain)					
lew Well	Change in Transporter of:  Oil Dry Gas						
lecompletion	Casinghead Gas Condensate						
-		nc., P.O. Box 26770, Oklahoma City, OK 73126					
ad address of previous operator H	adson Petroleum (USA), in	ic., P.O. Box 20770, Oktanoma offy, ok 75120					
I. DESCRIPTION OF WEL	L AND LEASE						
ease Name	Well No.   Pool Name, include	ing Formation Kind of Lease Lease No.					
Government A	2 Gramma Ri	idge Morrow, East State, Federal or Fee					
Location							
Unit LetterA	: 990 Feet From The N	North Line and 660 Feet From The East Lin					
1.0	22S Barra 34E	E Lea County					
Section 10 Town	nship 22S Range 34E	E , NMPM, Lea County					
T DECLOSIATION OF TO	ANCROPER OF OU AND MATH	IDAL CAC					
Varue of Authorized Transporter of Oi	ANSPORTER OF OIL AND NATU	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company		P.O. Box 2256, Wichita, KS 67201					
Name of Authorized Transporter of Ca	asinghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.		921 W. Sanger, Hobbs, NM 88240					
If well produces oil or liquids,	Unit Sec. Twp. Rge.	. Is gas actually connected? When ?					
ive location of tanks.	A 10 22S 34I	E Yes   03/25/85					
· · · · · · · · · · · · · · · · · · ·	that from any other lease or pool, give comming	ding order number:					
V. COMPLETION DATA							
Designate Type of Completi	Oil Well   Gas Well	New Well Workover   Deepen   Plug Back   Same Res'v   Diff Res'v					
	,,,,,,,,,	Total Depth P.B.T.D.					
Date Spudded	Date Compl. Ready to Prod.	r.b.r.b.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth					
Lievados (DI , Idio , IXI , O.X. Cio.,							
Perforations		Depth Casing Shoe					
	TUBING, CASING AND	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET SACKS CEMENT					
	<u> </u>						
	<u> </u>						
V. TEST DATA AND REQU	IFST FOR ALLOWARLE						
OIL WELL Test must be aft	ter recovery of total volume of load oil and mus	st 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					
		Water Phile Gas- MCF					
Actual Prod. During Test	Oil - Bbls.	Water - Bbis. Gas- MCF					
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF Gravity of Condensate					
		Cacing Pressure (Shut-in) Choke Size					
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Choke Size					
	FICATE OF COMPLIANCE	OIL CONSERVATION DIVISION					
	regulations of the Oil Conservation						
Division have been complied with is true and complete to the best of	and that the information given above	1					
is the and complete to the beat of	,	Date Approved16 1933					
Jane E Nas	h ii						
Signature	The state of the s	By ORIGINAL WENNERS SET SETTY SEXTON					
Bruce E. Hankins							
Printed Name	Title ( / 0.5 ) 2.2.2.2.2.2.1.2	Title					
04/06/93 Date	(405)232-2212 Telephone No.						
Jak.	i dicipanta i vo.	II					

- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

# State of New Mexico

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TO	TRAN	ISPORT OIL	AND NA	TURAL GA		. 51 57			
perator						Well	API No.			
Hadson Petroleum (		30-025-28442								
Address P.O. Box 26770	0klahom	o Ci+	יע	126						
Reason(s) for Filing (Check proper box)		a CIL	.y, OR 75.		ver (Please expla	(אנג				
New Well		unge in Ti	ransporter of:		•					
Recompletion	Oil	~ —	ry Gas							
Change in Operator	Casinghead Ga	_	condensate 🖾							
change of operator give name		•								
nd address of previous operator										
I. DESCRIPTION OF WELL			<del></del>			Via	of Lance		ease No.	
Lease Name	We	all No.   P	Crame, Includi				ind of Lease Lease ! ate, Federal or Fee			
Government A			Grama Rid	ge notre	, Last					
Location Unit LetterA	. 99	0F	eet From The N	orth Li	ne and66	0 Fe	et From The	East	Line	
	225	_	0.4-		мрм,	Lea			County	
Section 10 Towns	ship 22S		tange 34E	, 1	IVIFIVI,	Lea				
II. DESIGNATION OF TRA				RAL GAS			t a ann ac abia C	i, to be so		
Name of Authorized Transporter of Oil	or e	Condensa	te XX		ve address to wh				.r <b>u</b> /	
Koch Oil Company			- D-, C :		30x 2256, ve address 10 wh			67201	ent)	
Name of Authorized Transporter of Cas	inghead Gas	°	r Dry Gas XX	:	. Sanger,				:/4/	
Llano, Inc. If well produces oil or liquids,	Unit Sec	Unit Sec. Twp. Rge.			. Sanger, ly connected?	When				
pive location of tanks.	I A I	10	22S 34E		28					
f this production is commingled with th										
V. COMPLETION DATA				Ü					·	
Designate Type of Completion		il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Date Spudded	Date Compl. R	leady to P	rod.	Total Depth	<u></u>	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing For	nation	Top Oil/Gas	Pay		Tubing Dep	th		
Elevations (Dr., KKB, KI, UK, &c.)										
Perforations							Depth Casin	g Shoe		
	TUE	BING. C	CASING AND	CEMENT	ING RECOR	D _				
HOLE SIZE			SING SIZE		DEPTH SET		SACKS CEMENT			
							·			
				<del></del>						
	TOT FOR ALL	OWA	DI C				- <del></del>			
V. TEST DATA AND REQU	EST FOR ALI	LUW A	BLE flood oil and must	he equal to a	exceed ton all	owable for th	is depth or be	for full 24 how	ers.)	
OIL WELL Test must be after Date First New Oil Run To Tank	Date of Test	volume of	toda ou ana misi	Producing N	sethod (Flow, pr	ump, gas lift,	elc.)			
Date First New Oil Rule 10 Talls	Date of Test			!	, ,	. •	_			
Length of Test	Tubing Pressur	те	<del></del>	Casing Pres	sure		Choke Size			
Actual Prod. During Test	O'I PNI-			Water - Bbl			Gas- MCF			
Actual Proof During Test	Oil - Bbls.						:			
GAS WELL		_								
Actual Prod. Test - MCF/D	Length of Test	1		Bbis. Conde	nsate/MMCF		Gravity of Condensate			
Testing Method (puot, back pr)	Tubing Pressu	re (Shut-i	n)	Casing Pres	sure (Shut-in)		Choke Size			
Grand Control of the				ļ						
VI. OPERATOR CERTIF	ICATE OF C	OMPI	LIANCE		OIL CON	JOEDY	ATION	חואופול	N	
I hereby certify that the rules and re					OIL COI	12FH A			אוע	
Division have been complied with a	and that the informa-	tion giver					i,	لمندر فأز		
is true and complete to the best of n	ny knowledge and b	belief.		Dat	e Approve	ed				
() mit/	)									
VIIII )	<del>&gt;</del>	· -	·	By	<u> </u>	<u> </u>				
Signature Darrel Hardy		Ad	m. Mgr.							
Printed Name			Title	Title	e					
6/4/92	(4)		5-9531							
Date		Tales	hone No	11						

- 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.

Submit 5 Comes
Appropriate District Office
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State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410		ST EOD	ΔΙΙΛ	)\A/A =	BLE AND	ALITHOE	RIZATION				
I.											
Operator	TO TRANSPORT OIL AND NATURAL GAS Well							API No.			
Hadson Petroleum (U	SA), Inc.							30-025-	-28442		
Address	<u> </u>										
P.O. Box 26770	Okla. Ci	ty, OK	·	73126							
Reason(s) for Filing (Check proper box)					Oth	er (Please ex	plain)				
New Well =		ange in Tra		of:							
Recompletion	Oil	Dr		_							
Change in Operator	Casinghead Ga	as Co	ndensate	XX.							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEASI	<b>7</b> .									
Lease Name			ol Name	, includi	ng Formation			of Lease		ease No.	
Government A		#2	G	rama	Ridge M	orrow,	East State.	Federal)or Fe	e		
Location											
Unit Letter A	990	Fe	et From	The	North Line	and	660 Fe	et From The	East	Line	
							_				
Section 10 Townshi	p 22S	Ra	nge	34E	, NI	MPM.	Lea			County	
III DESIGNATION OF TRAN	CDADTED (	OF OH	A NITO B	NT A TOTAL	DAT CAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL Condensate			Address (Give	e address 10	wnich approved	copy of this f	orm is to be se	int)	
Scurlock Permian Corp			^^	-			Box 4648			77210	
Name of Authorized Transporter of Casin		or	Dry Gas	XX			which approved			int)	
Llano, Inc.	_	<del></del>					, Hobbs,				
If well produces oil or liquids,	Unit Sec	.  Tw	7p.	Rge.	is gas actuali						
give location of tanks.	A	10  22	-	34E	Yes						
If this production is commingled with that	from any other le	ase or poo	, give co	ommingl	ing order numb	er:					
IV. COMPLETION DATA			-						-,		
Designate Time of Committee		il Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			<u> </u>		Total D. d.	l		D.D	1		
Date Spudded	Date Compl. R	eady to Pro	xd.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cina Forms	tion.	-	Top Oil/Gas I	Pav		Tubing Dep			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								1 doing Dep			
Perforations			······································					Depth Casir	ng Shoe		
	TUE	SING, CA	SING	AND	CEMENTI	NG RECO	RD				
HOLE SIZE	CASIN	G & TUBIN	IG SIZE			DEPTH SE	T		SACKS CEM	ENT	
-											
V TEST DATA AND DEOLIS	CT FOR ALL	OWADI	<u> </u>								
V. TEST DATA AND REQUES OIL WELL  Test must be after t					he equal to or	exceed ton a	llowable for the	s depih or be	for full 24 hou	urs.i	
Date First New Oil Run To Tank	Date of Test	olume of the	oaa ou a	na musi	Producing Me	thod (Flow.	pump, gas lift, i	IC.)	<del>/o.</del> /		
Date First New Oil Rull To Falls	Date of Test				Troubeing ivi	aloc (1 low)	p — · p · o — · o · ·				
Length of Test	Tubing Pressur				Casing Pressu	ıre		Choke Size			
		-			Ü						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of	Condensate		
Testing Method (puot, back pr.)	Tubing Pressur	e (Shut-in)			Casing Press.	ire (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF C	OMPLI	ANC	E			NOTE	A TION	חואומים	281	
I hereby certify that the rules and regulations of the Oil Conservation						DIL CO	NSERV.			אוכ	
Division have been compiled with and that the information given above								JAN 0	7 '92		
is true and complete to the best of my	knowledge and be	elief.			Date	Approv	ed				
X(iviate to 20,			<u>-</u>		D.,						
Signature Darrel Hardy	Manager (	of Adm	inie	trati			•				
Printed Name	nanagei (	OI Adili Til			11						
	405) 235-9.				Title						
Date		Telepho	ne No.		11						

### 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.
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Submit 5 Copies
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Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		O IHAN	125C	HI OIL	ANU NA	I UNAL GA						
Operator							1					
	SA), Inc.	•					30	1-025-28	442	<del></del>		
Address	01-1-	Ci++ (	ער	721	26							
		City,	71	/31		er (Please expl	gin!					
	,	Change in T		ter of:		ci (i iewe expu	<b>20</b> 1)					
	0:1		-									
Mail Add Pho   Badden   Ptroleum (USA)   Inc.   30-025-28442												
	Canugika		~~~									
and address of previous operator		· · · - · ·										
IL DESCRIPTION OF WELL	L AND LEA	ASE										
Lease Name		Well No.	ool Na	me, Includi	ng Formation				_	ease No.		
Government A		#2	Gran	na Rid	ge Morro	w, East	State,	Fédera) or Fe	e			
Location			,	_			_					
Unit Letter A	:990	) F	eet Fro	m The $\stackrel{ m N}{-}$	orth Lin	e and66	) Fe	et From The	East	Line		
	20.					,				_		
Section 10 Towns	ship 223	S F	Range	34E	, <u>N</u>	MPM,	Lea			County		
	NODODO	D OF OH	4 3 77	N N A PER II								
	NSPORTE			_	Address (Giv	e address to w	hich approved	copy of this I	form is to be si	eni)		
	tion	or concens			1							
			r Dry (	as VV								
· ·	anginas Cas		or Dry Gas A.A.		1							
	l Unit	Sec. 11	WD.	Rge.	+				<u> </u>			
give location of tanks.			-	-	_		i					
f this production is commingled with th												
	,,			Ū	•			<del></del>				
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completic	on - (X)	1	ı		1		<u> </u>	<u> </u>	1			
Date Spudded	Date Comp	d. Ready to F	,toq		Total Depth			P.B.T.D.				
					T. 0110-	n		ļ				
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing For	mation		Top Oil/Gas	ray		Tubing Depth				
N. A					1			Depth Casing Shoe				
Perforations									.,			
	т	TIRING (	'A SIN	G AND	CEMENTI	NG RECOR	!D	<del></del>				
UOI E 8175								SACKS CEMENT				
HOLE SIZE		CASING & LOBING SIZE						1				
					<del> </del>							
				-								
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE									
OIL WELL (Test must be after	er recovery of to	stal volume of	load o	il and must					for full 24 hou	<u>vs.)</u>		
Date First New Oil Run To Tank	Date of Te	si .			Producing M	ethod (Flow, pi	ump, gas lift, i	elc.)				
					Coolea Descri	<del></del>		Choke Size				
Length of Test	Tubing Pre	Tubing Pressure				ure		Chore olle				
		ion pul						Gas- MCF				
Actual Prod. During Test	Oil - Bois.				Water - Bois	•						
					<u> </u>			<del></del>				
					Into Conde	AA/CE	<del></del>	Gravity of	Condensate			
Actual Prod. Test - MCF/D	Length of	lesi			Bols. Conde	MIMICF		Gizvity of	CONGENERAL			
	Tubing Pro	eene (Shut-ii	<del>n)</del>		Casino Press	ure (Shut-in)		Choke Size				
Testing Method (puot, back pr.)	Inoing Fig	Sante (Sum-1	ш)		Casing 1 1000	ore (orior in)						
					·		· · · · · · · · ·	<del></del>				
				CE	11 6		JSERV	ATION	DIVISIO	NC		
I hereby certify that the rules and re	gulations of the	Oil Conserva	tion		H							
Division have been complied with a	and that the info	rmation given	above		_				1881 c			
is true and complete to the best of n	ny mowiedle a	DE OCHEL			Date	Approve	ed	J 12 1 1				
1 / / / / / / / / / / / / / / / / / / /					11				1. 2.33			
A Comment	<u> </u>				By_	605	• •					
Signature Darrel Hardy	Manager	of Adm	inis	tratio	<b>h</b>		4 A.	· . · · · · · · ·				
Printed Name		•	Title									
12/16/91	<u>(405)23</u>											
Date		Telep	hone No	o.	11							

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
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Revised 1-1-89 See Instruction at Bottom of Page

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 30-025-28442 Hadson Petroleum (USA) Inc. Address 921 W. Sanger Hobbs, NM 88240 Reason(s) for Filing (Check proper box)  $\nabla$ Other (Please explain) Additional Transporter New Well Change in Transporter of: of Condensate Recompletion Dry Cas Change in Operator Casinghead Gas Condensate If change of operator give name and address or previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease State, Federallor Fee Government Grama Ridge Morrow, East Location Unit Letter 990 Feet From The North Line and 660 Feet From The East Line Section 10 Township 22 S Range 34E , NMPM. Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  $\begin{bmatrix} \mathbf{x} \end{bmatrix}$ R & K Oil Company Inc. P.O. Box 1229-- Andrews, Tx 79714 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Cas [X] Llano, Inc 921 W. Sanger-- Hobbs, NM If well produces oil or liquids, Unit Sec. Twp Rge. Is gas actually connected? When? give location of tanks. 10 | 22 S | 34E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well 1 Cas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Depth Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test 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 First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Choke Size Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls Water - Bbls. **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. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above APR 2 4 1991 is true and complete to the best of my knowledge and belief. Date Approved \_\_\_

Supervisor-Contract Admi Protect Name Title 4/23/91 (505) 393-2153 Date

Signature

Steve

Telephone No. 大大型人员在全国人员的企业,在1990年的企业,在1990年的企业。

Orig. Signed by Paul Kautz By \_ Geologiat Title.

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RECEIVED

APR 2 3 1991

NORSE CHROS