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TRANSPORTER GAS OPERATOR	Lease No. B-8268 County	
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If this production is commingled with that from any other lease or pool, give commingling order number:		
	completed	
Oil Well Gas Well New Well Workover Deepen Ding Back Ca-	ne Res'v. Diff. Res'v	
Designate Type of Completion - (X)	1	
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 Tubing Depth		
Top Oil/Gas Pay Tubing Depth		
Perfcrations Depth Casing Sho	pe .	
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS		
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 able for this depth or be for full 24 hours)	o or exceed top allow	
Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)		
Length of Test Tubing Pressure Casing Pressure Choke Size		
Actual Prod. During Test Cil-Bbls. Water-Bbls. Gas-MCF		
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MA/CF Gravity of Condensate/MA/CF		
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Conde	nsate	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size		
I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMIS	SION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given	, 19	
above is true and complete to the best of my knowledge and belief.		
*ITLE		
C. D. BORLAND This form is to be filed in compliance with s	HLF 1104	
If this is a request for allowable for a newly	drilled or deepened	
(Signature) well, this form must be accompanied by a tabulat	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 co	All sections of this form must be filled out completely for allow-	
september 6, 1966 (Title) able on new and recompleted wells. Fill out only Sections I II III and VI for		

(Date)

able 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