	O DE STATE OF RECEIVED	, _		
	10.10.00		ON CERVATION COUNSCION FOR ALLOWABLE	Corm Co-104 Supersedes Old C-104 and Co-10 Office to Co-105
	0.0.G.C. LAND UP FICE	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL GA	
	18ANSPORTER GAS			
ã.	PROFATION OFFICE			
	NATURAL RESOURCES GROUP, INC.			
	1100 Wilco Building, Midland, Texas 79701			
	Neason(s) for filing (Check proper box)  Change in Transporter of:			
	Recompletion	Oil Dry Ga: Casinghead Gas Conden	<b>=</b>	· · · · · · · · · · · · · · · · · · ·
	If change of ownership give name Tand address of previous owner	aubros Oil & Gas -	Sotau Oil Company, B	ox 5596, Midland, Te
11.	DESCRIPTION OF WELL AND L	EASE Well No.   Pool Name, Including Fo	ormation Kind of Lease	Lease No.
	Anna Federal	l Wantz Abo	State, Federal	or Fee Federal LC 05052
	Location Unit Letter D : 990	Feet From The North Lin	e and 330 Feet From T	west
	Line of Section 1 Town	·	7-Е , ММРМ,	Lea County
HI.	DESIGNATION OF TRANSPORT	SCURLOCK PERMIAN COR ER OF OIL AND NATURAL GA	s <b>Skelly o</b>	IL COMPANY MERGED
	Name of Authorized Transporter of Oil	or Condensate  cation Permiss (Eff. 9 / 1 /87	Address (Give address to HATO GET	TY Of the MPANY 79701
	Name of Authorized Transporter of Cast	inghead Gas X or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent,
	Skelly Oil Company	Unit Sec. Twp. Rge.	P.O. Box 1650, Tul	sa, Oklahoma
	If well produces oil or liquids, give location of tanks.	D 1 21-S 37-E	<u> </u>	March 17, 1970
IV	If this production is commingled with COMPLETION DATA	n that from any other lease or pool,	give commingling order number:	
3 <b>v</b> .	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Ditf. Restv.
	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
	Districtions (BT, RAB, RT, OR, CLES)			Depth Casing Shoe
	Perforations			
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE		
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	Date of Test	Producing Method (Flow, pump, gas life	etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-MCF
	GA? 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.	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.		FEB 25	TION COMMISSION
			BY SC Stanies	
			TITLE SUPERVISOR DISTRICT	
	1 1045		This form is to be filed in compliance with RULE 1.04.	
	Curtis V. Liky		If this is a request for allowable for a newly communication of	
	(Signarde) Chief Geologist		tests taken on the well in accordance with NOL 2010.  All sections of this form must be filled out completely for another	
	(Title)		able on new and recompleted wells.	
	February 23, 1971		well name or number, or transporter, or other such change of condition.	