District I PO Box 1980, Hobbs, NM \$2241-1980 District II	-	State of New Mexico Energy, Minerals & Natural Resources Department					Form C-104 Revised October 18, 1994 Instructions on back				
Dutrict II 811 South First, Artania, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505					Submit to Appropriate District Office 5 Copies					
- · · · ·	OR ALL	OWABLE	E AND	AUTHOR	IZAT	ION TO TR	ANSPORT				
	perator name al			AUTHORIZATION TO TRANSPORT							
c/o OIL REPORTS & GAS	SERVICES	, INC.			:	e e e e e e e e e e e e e e e e e e e	025504 Resson for Filing	; Code			
P. O. BOX 755 HOBBS, NEW MEXICO 8824	1				'98						
· API Number			<sup>3</sup> Poc	A Name		•	* Pool Code				
<b>30 • 0</b> 25-09354			IE MATTIX SR-QU-GB 37240 Perty Name 'Well Number								
'Property Code			-	M. MATKIN	IS	•	002				
II. <sup>10</sup> Surface Location			eet from th			Feet from the	East/West line	County			
Ul or lot no. Section Township		t.Idn F	660	•			WEST	LEA			
N 14 23S	36E		000		<u>, , , , , , , , , , , , , , , , , , , </u>	1980					
UL or int no. Section Township	Range La	ot Idn I	Feet from ti 660		South line	Feet from the 1980	East/West line WEST	County LEA			
N 14 23S	36E	nection Date		9 Permit Numbe		* C-129 Effective		C-129 Expiration Date			
P P											
III. Oil and Gas Transporte	فالمتحدث والمتحدي والمتحدي			* POD	" O/G		" POD ULSTR	Location			
OGRID	and Address						and Descrip				
022507 P. O. BOX	5568				0	-	M-14-23S-36E				
DENVER, CO		0217-5568									
024650 LIMITED PAR 1000 LOUIS	TNERSHIP	2		2480730	G		1-14-235-3	30E			
HOUSTON, T	EXAS 7700	02-5050		an a		4	<u></u>	<u></u>			
			5.12, 11		3						
	<u></u>			and the second second							
IV. Produced Water	· · · · · · · · · · · · · · · · · · ·	<u> </u>									
"POD				POD ULSTR Lo	cation and	Description					
V. Well Completion Data	<u></u>		M-14-	23S-36E							
	endy Date		" TD	* PBTD * Perform			ations <sup>34</sup> DHC, DC,MC				
	11 —		<b>6</b> 4-	<u>_</u>	<sup>20</sup> Depth	<u> </u>		<sup>24</sup> Sacks Cament			
<sup>31</sup> Hole Size	" Сы	ing & Tubing	2014	+	- Debry	Ja.					
							· · · · · · · · · · · · · · · · · · ·				
VI. Well Test Data	livery Date	<sup>77</sup> Test	Date	3ª Tart	Length	* Tbr.	Pressure	" Cag. Pressure			
Date new OLI Gas De	-mj Dett	1 491									
" Choke Size " Oil " W			Water		Ges	4	NOF .	<sup>46</sup> Test Method			
<sup>er</sup> I hereby certify that the rules of the Oil C with and that the information given above is				OIL CONSERVATION DIVISION							
knowledge and belief. Signature: Ukry Jeffan	d			Approved by:							
Printed name:											
GAYE HEARD Tide: AGENT				Approval Date:							
Date: 09/22/98	Phone: ( 5	505) 393-	-2727								
" If this is a change of operator fill in the	e OGRID num	aber and name	of the pre-	rious operator							
Previous Operator Signa	sture			Printed Nan	<b>K</b>		Thie	Date			

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

1. **Operator's name and address** 

3.

12.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

   NW
   New Well

   RC
   Recompletion

   CH
   Change of Operator (Include the effected)

   AO
   Add oil/condensate transporter

   CO
   Change oil/condensate transporter

   AG
   Add gas transporter

   CG
   Change gas transporter

   RT
   Request for test allowable (Include)

   Reason for filing code from the following table:

   NW
   New Weil

   RC
   Recompletion

   CH
   Change of Operator (include the effective date.)

   AO
   Add oil/condensate transporter

   CO
   Change oil/condensate transporter

   AG
   Add gas transporter

   CG
   Change gas transporter

   RT
   Request for test allowable (include volume requested)

   If for any other reason write that reason in this box.

- 4. The API number of this well
- Б. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
  - Lease code from the following table: Federa State
    - - Fee Jicarilla
    - JNU
      - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Pumping or other artificial lift Þ

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- . . 17. MO/DA/YR of the expiration of C-129 approval for this
  - 18. The gas or oil transporter's OGRID number
  - 19. Name and address of the transporter of the product
  - The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
  - 21. Product code from the following table: O Oil G Gas Oil Gas
  - The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
  - The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this PDD has the number the district strice will assign a number and write it here. 23.
  - The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
  - MO/DA/YR drilling commenced 25.
  - 26. MO/DA/YR this completion was ready to produce
  - 27. Total vertical depth of the well
  - 28. Plugback vertical depth
  - 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
  - Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 35.
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37 MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- 39. Rowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 40.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 46.

F Flowing P Pumping S Swabbing If other method please write it in.

- 47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.

District I PO Box 1900, 1	Elobbe, NM 1	<b>H2</b> 41-1988	-	State Earry, Maare		ew Mez	vico	-;		<b>-</b> .		m C-104	
District II 70 Drawer DD	), Artania, M	M <b>86</b> 211- <b>0</b> 71	-				Revised February 10, 1994 Instructions on back						
Santa Ea						x 2088			Submit to Appropriate District Office 5 Copie				
District IV PO Box 2088, i											AMENDED I	REPORT	
I.	R	EQUES	T FOR A	LLOWAE	BLE A	ND AU	THOF	RIZAT	ION TO TH	RANSPO	ORT		
YARBROU	GH OIL	LP	Operator an	me and Address	•					<sup>2</sup> OGRID	Number		
POST OF	FICE BC	IS & GA: DX 755	S SERVICE	ES, INC.					025504				
HOBBS,			241						A		-		
<b>30 - 0</b> 25-	VPI Number					Pool Nam	•		<u> </u>	FFECTIV	<u>/ アロン (1/9</u> ・ Pool Code		
	reporty Code			LANGLIE							37240		
	016405			7	м. ма	Toperty Na			' Well Number				
II. 10	Surface			<u> </u>	PI. 14A	IKINS					002		
	Section	Township	Range	Lot.ida	Feet from	a the	North/S	outh Line	Feet from the	East/West	line Cou	aty	
N 11	14 Bottom	23s Hole I o		l	66	<u>° D</u>	SOU	ГН	1980	WEST	LEA	A	
UL or lot no.	Section	Township		Lot Ida	Feet fro	 m the	North /	ionth line	Feet from the	Faretti	st		
N	14	235	36E		66		SOUT		1980	East/West WEST	LEA	aty A	
<sup>11</sup> Lee Code P	" Produci	ng Method (	Code 14 Gas	Connection Dat	ie 14 (	C-129 Perm	it Number	-   '	C-129 Effective	Date	" C-129 Expirati	ion Date	
h	nd Gas	P		4179		··					·····		
" Transpo	rier		" Transporter !	Name		<sup>14</sup> PO	D	<sup>31</sup> O/G		" POD ULS			
OGRID			ADING & 7					0/0		and Des			
022507	P.C	BOX	5568				0710	0	M-14-23S-36E				
6			0 80217-5 PL. & PRC			and the second							
022345	Р.	O. BOX	1137	D., INC.		2480730 G M-14-23S-36E							
East and a way Essentiation	EUN	IICE, NI	1 88231		3% \ \$				_				
No so contrato	201 3 9 9 100 10 10 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 1				Sec. Sec.								
and the second													
	Address And				1000 - 1000	araalaa saasi Aharaa ah		Salar Salar 10					
	uced Wa	iter										·	
	480750					" POD UL	STR Loca	tion and D	escription				
	Complet	ion Data	1	M-	-14-23	S-36E							
<sup>11</sup> Sp	ud Date		<sup>24</sup> Ready Di	ite		" TD			" PBTD		1º Perforation	<b>M</b>	
	" Hole Size		11										
				" Casing & Tubing Size			31	<sup>1</sup> Depth Se	L	M	<sup>33</sup> Sacks Cement		
			1										
the second s	Test Da					I							
<sup>M</sup> Date N	ew Oil	<sup>36</sup> Gan I	clivery Date	* Tes	t Date		" Test Le	ngth	" Tog. Pr	21 HORD	" Cag. Pres	ere	
" Chok	e Size		" Oil	4 1	inter		a Ga	-					
							- Ga	•	<b>~</b> AO		" Test Met	Aod	
" I bereby series with and that the	ly that the rule-information	ics of the Oil given shows	Conservation D	ivision have been plets to the best (	a complied								
knowledge and Signature:	belief.	1.In	N	<del></del>	м шу			IL CO	NSERVATI ORIGIN	I <mark>ON DI</mark> IAL SIGN	ISION IED BY		
Printed angle:	un	<u>_100</u>	lla			Арргочен	i by:		G	ARY WIN			
Verified angle: 17						Title:					1		
	AGENT	<u> </u>	Phone / s	505) 393-	2727	Approval	Date:	 	1. 1 <del>.</del> .	·			
				ber and name (				n ann an stàitean ann an Sann an Sann ann an Sann ann an					
						ana abita							
	Previoes O	perator Sign	ature			Printe	d Name			Title		Date	
L													

	C-104 Instru
IF THIS	IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT® AT THE TOP OP THIS DOCUMENT
Report a Report a	ll gas volumes at 15.025 PSIA at 60°. Il oil volumes to the nearest whole barrel.
	it for allowable for a newly drilled or deepened well must be mied by a tabulation of the deviation tasts conducted in nee with Rule 111.
All sections and	one of this form must be filled out for allowable requests on recompleted wells.
cuandae	nly sections I, II, III, IV, and the operator certifications for of operator, property name, well number, transporter, or changes.
A separ completi	ate C-104 must be filed for each pool in a multiple on.
improper operatori	iv filled out or incomplete forms may be returned to s unapproved.
1.	Operator's name and address
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3.	Reason for filing code from the following table:         NW       New Well         RC       Recompletion         CH       Change of Operator         AO       Add oil/condensate transporter         CO       Change oil/condensate transporter         CG       Change gas transporter         CG       Change gas transporter         RT       Request for test allowable (Include volume requested)         If for any other reason write that reason in this box,
4.	The API number of this well
5.	The name of the pool for this completion
6.	The pool code for this pool
7.	The property code for this completion
8.	The property name (well name) for this completion
9.	The well number for this completion
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
11.	The bottom hole location of this completion
12.	Lease code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift
14.	MO/DA/YR that this completion was first connected to a

- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: O Oil G Gas 21.

- The ULSTF. location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well er recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: F Flowing P Pumping S Swebbing If other method please write it in. 45.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.



	State of Ne erals and Natu NSERVA P.O. Bo Fe, New Me	ral Resourc TION D x 2088	IVISIO	Revis See In	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR			UTHORI				
I.		SPORT OIL	AND NAT	URAL G	AS Well A	PI No.		
Operator YARBROUGH OIL LP	F	5504	36	351	1	025 09354		
Address								
Reason(s) for Filing (Check proper box) New Well	E, NM 88231 Change in Tr	• –		<b>T (Please expl</b>	-	<u></u>		
Change in Operator	Oil Dr Casinghead Gas X Co	y Gas 🛄	121	FB011VL				
If abarres of exaction since some		HOBBS,	NM 882					
and address of previous operator1E.	XACO E&P INC	nobbo,	NF1 002	+0				
II. DESCRIPTION OF WELL						<del></del>	1	
		ol Name, Includin QUEENS La	ng Formation	natty		Federal or Fee 47	Lease No. 1480	
Unit Letter	:660Fe	et From The	DUTH Line	and198	о 60 — Fe	et From TheWEST	Line	
Section 14 Township	, 23 <b>R</b> i	inge 36	, NI	1PM,		LEA	County	
III. DESIGNATION OF TRAN	or Condensate		Address (Gin	addrase to w	hich anne med	copy of this form is to be	seni)	
Name of Authorized Transporter of Oil TEXAS NEW MEXICO	I A I	122220		ROADWAY		VER, CO 8020		
Name of Authorized Transporter of Casing TEXACO E&P INC		Dry Gas	Address (Giw		hich approved	copy of this form is to be CE, NM 88231	: seni)	
If well produces oil or liquids, give location of tanks.	Unit Sec. TV M 14	vp. Rge. 23 36	is gas actually YES		When 196	-		
If this production is commingled with that if IV. COMPLETION DATA	from any other lease or poo	s, give commingli	ng order numi	er: <u>N(</u>	DNE			
Designate Trans of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same Res	v Diff Res'v	
Designate Type of Completion	Date Compl. Ready to Pr	od.	Total Depth			P.B.T.D.	<b>I</b>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	ation	Top Oil/Gas	Pay		Tubing Depth		
Perforations		• • • • • • • • • • • • • • • • •		<u></u>		Depth Casing Shoe		
		A SINC AND	CEMENIT	NC PECOL		1		
HOLE SIZE	CASING & TUB	ASING AND		DEPTH SET		SACKS CEMENT		
nole size	CASING & TOD		DEPTH SET					
	· · · · · · · · · · · · · · · · · · ·							
							<u> </u>	
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FUR ALLOWAL	SLE load oil and must	he equal to a	exceed top al	lowable for thi	s depth or be for full 24	hours.)	
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, p	ump, gas lift, d	etc.)		
				•				
Length of Test	Tubing Pressure		Casing Press	sit		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF		
	1	·····				_ L	······	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conde	ate/MMCF		Gravity of Condensate		
	Tubing Pressure (Shut-ir			ure (Shut-in)		Choke Size		
Testing Method (pilot, back pr.)								
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	lations of the Oil Conserva that the information given	tion	11				SION	
Tame Tracker	Tai	han )		ORGU		BY JERRY SEXTO	N	
Signature PAUL PRATHER		ARTNER	By_		DISTRICT I	SUPERVISOR		
Printed Name	, /EDE	fitle ) 394-2545	Title	) <u> </u>				
1-10-94 Date	· · · · · · · · · · · · · · · · · · ·	) 594-2545 home No.	´					
L'ALC	i elep	aous 140.	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.

b

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies	
Appropriate District Effice	
P.O. Box 1980, Hobl , NM	88240

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410

## State of New Mexico Ene Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION** 

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	ANSPC	JHT OIL	AND NAT	UHAL GA	Well A	PINO			
Operator Texaco Exploration and Proc	duction	Inc.		30 025 09354 DK							
Address			0 0501	3							
P. O. Box 730 Hobbs, New Reason(s) for Filing (Check proper box)	Mexico	5 8824	0-2528	3	X Othe	t (Please expla	in)			· <b> · </b>	
New Well		Change is				FECTIVE 6-	-1-91				
Recompletion	Oil		Dry Ga								
Change in Operator X	Casinghes	d Gas 🛛	Condea	sate						,,, _,	
and address of previous operation	co Produ		<u>c. I</u>	Р. О. Во	<u>x 730 H</u>	lobbs, Nev	<u>w Mexico</u>	88240-2	.528		
II. DESCRIPTION OF WELL	AND LE	ASE Well No.	Pool Na	me, laciud	ing Formation		Kind (	f Lease		ase No.	
J M MATKINS		2			TIX 7 RVRS	Q GRAYBU	IRG FEE	Federal or Fee	47148	10	
Location Unit Letter N	. 660	)	Foet Fn	om The <u>S(</u>		and1980	) Fe	et From The	WEST	Line	
Section 14 Township	2	35	Range			APM,		LEA		County	
III. DESIGNATION OF TRAN		ER OF O			RAL GAS						
Name of Authorized Transporter of Oil Texas New Mexico Pipeline (		or Conde	nsale		Address (Giw	e address to wh 670 Broad					
Name of Authorized Transporter of Casing Texaco Exploration a	thead Gas	X duction	or Dry Inc.	Gas 🛄	Address (Giw	e address to wh O. Box 11	ich approved	copy of this f	orm is to be se	ni)	
If well produces oil or liquids, give location of tanks.	Unit M	Sec.	Twp. 235	Rge. 36E	is gas actually		When	?	/18/60		
If this production is commingled with that i							<b>I</b>				
IV. COMPLETION DATA							·	· · · · · ·			
Designate Type of Completion	- (X)	Oil Wei	u [ ( ]	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready I	to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of 1	Producing I	Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				- <b>L</b>			Depth Casing Shoe			
		TUBING	. CASI	NG AND	CEMENT	NG RECOR	D				
HOLE SIZE		ASING & T			DEPTH SET			SACKS CEMENT			
						<u></u>					
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE								
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of T	total volum	e of load	oil and mu	rt be equal to or Producing M	exceed top all ethod (Flow, p	owable for th ump, gas lift,	is depth or be etc.)	for full 24 hou	75.)	
Level of Test	Dubing P		<u></u>		Casing Press	unt		Choke Size		<u> </u>	
Length of Test	Tubing P				Water - Bbls			Gas- MCF			
Actual Prod. During Test	Oil - Bbli	<b>I</b> .			Water - Bols	•					
GAS WELL						MIANIAE		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	r Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing P	ressure (Sh	ut-in)		Casing Press	ure (Shut-ia)		Choke Size			
VI. OPERATOR CERTIFIC				NCE			VSERV	ATION	DIVISIO	ON	
I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	that the inf	formation g	j <b>ven ab</b> ov	rc	Date Approved				5 1391		
Vmm.n	1,1										
Signature K. M. Miller		Div. O	pers.	Engr.	- By ORIGINAL SIGNED BY JEREY SEXTON DISTRICT   SUPERVISOR						
Printed Name May 7, 1991			Title -688-4		Title	)		. <u></u>			
Date			elephone								

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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.