		PEQUES	CONSERVATION COL SIC	Su Ef	m C-104 persedes Old C-104 and C-1 fective 1-1-65			
	ANC DEFICE AANSPORTER OIL GAS OPERATOR OROFATION OFFICE Operator		ANSPORT OIL AND NAT	JRAL GAS				
	Aadtes ;							
	Reason(s) for filing (Check prop ew Writ Recompletion Change in Cynecship	Change in Transporter at: Other Change in Chan	Other (Please explains	iin)				
	If change of ownership give na and address of previous owner	me						
11.	DESCHIPTION OF WELL A	Well No. Pool Nume. Including	State	of Lease , Federal or Fee	Lease No.			
	Unit Letter :	Peet From The						
***	Line of Section		, МмРм,		.ia County			
	DESIGNATION OF TRANS	of Oil or Condensate	AS Audress (Give address to whic	h approved copy of th	is form is to be sent)			
	Name o Authorized Transporter o	of Casingheac Gas or Erry (as	Aldress Give address to which	h approved copy of th	is form is to be sent)			
	If well modules off or liquids, give location of tanks.	f .	is gos actual · connected?	When				
IV	If this production is commingled with that from any other lease or pool, give consingling order number: EFFECTIVE JANIJARY 31, 1977, COMPLETION DATA							
	Designate Type of Comp	letion = (X)	New Well Workeyer Dee	Dep NLLLI GUL	OIL COMPANY.			
	Date Spudded	Date Compl. Ready to Prod		P.B.T.D.	kk			
	Elevaticas (D.F. RKS, RT, GR, e)	te., Name of Producing Formation	. Top Oll/Gas Pay	Tubing Dep	:h			
	Perforations			Depth Casir	ig Shoe			
	HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	CEMENTING RECORD	S.A	CKSCEMENT			
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Tes must be after recovery of total volume of load oil and must be squal to or exceed top allow OIL WELL able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks	Date of Test	Producin ; Method (Flow, pump	gas lift, etc.)				
	Longth of Teat	Tubing Pressure	Cosing Pressure	Choke Size				
	Actual Fred, During Test	Oll-Bbls.	Wates - Bole.	Gas - MCF				
_	GAS WELL			na ana amin'ny tanàna mandritry dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaomi				
-	Actual Frod. Test-MCF/D	Length of Test	Bble. Condens of e/MMCF	Gravity of C	ondenaate			
	Testing Mothod (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
Ί.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
	Commission have been compli	and regulations of the Oir Conservation ed with and that the information given the best of my knowledge and belief.			·			
	COLUMN STATES		TITLE		*****			
	(Signature)		well, this form must be ac	allowable for a ne companied by a tab	wly drilled or deepened ulation of the deviation			
	(Title)		tests taken on the well in All sections of this for able on new and recomple	rm must be filled o	ut completely for allow-			
		(Date)		I, II, III, and VI naporter, or other au	for changes of owner, ch change of condition.			

DISTRIBUTION		CONSERVATION CO		(1 ^{, 1} ,			
REQUES		T FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C Effective 1-1-65			
-AND OFFICE TRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TR	ANSPORT OIL AND N	IATURAL GAS				
I. PROPATION OFFICE							
Address Reason(s) for filing (Check proper bo	ر بنیان کار روز بند ایک در . x)	Dias 70102 Other (Please					
New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry C						
If change of ownership give name, and address of previous owner	col, coly in the s			ing, južej			
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including 1		Kind of Lease State, Federal or Fee				
Unit Letter;	19Feet From TheClip						
		7, ММРМ,		LOB Count			
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) Name of Authorized Transporter of Casinghead Gas) or Dry Gas Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When					
give location of tanks.							
Designate Type of Completion - (X)		New Well Workover	Deepen	TTY OIL COMPANY MERG			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubin	g Depth			
Perfora ions		Depth	Casing Shoe				
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CEMENT			
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 allo OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo							
Date First New Oil Run To Tanks Date of Test		Producing Method (Flow,	pump, gas lift, etc.)				
Length of Test Actual Prod. During Test	Tubing Pressure	Casing Pressure	Choke Gas-M				
		<u> </u>					
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit	y of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-1	a) Choke	Size			
I hereby certify that the rules and r	CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION				
Commission have been complied w above is true and complete to the ORIG	best of my knowledge and belief.	BY	Orig. Sign Joe D. R Dat. I. S	amey			
(Signa	. S. WINSTON	If this is a requer well, this form must b tests taken on the we	at for allowable for accompanied by 11 in accordance w				
(Titi 	le)	able on new and reco	mpleted wells.	led out completely for allowed VI for changes of owne			

(Date)

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. Securete Forms C-104 must be filed for each pact in multiply