NO. OF CC. IFS RECEIVED TICH SHIPP NEW MEDICO OIL O CONVACION COMMIS Form C-104 Superse 'es Gl' -101 ... 14 REQUEST FOR ALLOWABLE AND Effective 1-1-65 0.5 6.5. AUTHORIZATION TO TRAHEFORT OIL AND NATURAL GAS CALPATERSE I'MAD CHEER GIL CITEMATOR PPORATION OFFICE John H. Hendrix Corporation 525 Midland Tower, Midland, Texas 79701 Other (Please explain) 7 TO 1 man in Charles (X) Casinghead Gas Effective 1/1/77 John H. Hendrix, 525 Midland Tower, Midland, Texas 79701 John C. Community And Process No., Pool Name, Including Formation Cossatot G Wantz Granite Wash State, Federal or Fee Fee Leseusen 2310 _Feet From The North Line and 1650 West. Feet From The Line of Section 13 Township 22-S 37-E Fange III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil X | or Condensate | | Address (Give address to which approved copy of this form is to is sent) The Permian Corporation Permien (EH. 9 / 1 /87) P. O. Box 1183, Houston, Texas 77001 Name of Authorized Transporter of Castrophead Gas 📉 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa, Oklahoma 74101 Skelly Oil Company Unit Sec. P.ge. If well produces oil or liquids, give location of tanks. Twp. Is gas actually connected? EFFECTIVE JANUARY 31, 1977, If this production is commingled with that from any other lease or pool, give commingling order number: SKELLY UIL COMPANY. INTO GETTY OIL COMPANY. SKELLY OIL COMPANY MERGED V. COMPLETION DATA Oll Well Gcs Well Plug Back | Same Resty. New Well Workover Designate Type of Completion - (X) 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 Perforations Depth Casina Shee TUBING, CASING, AND CEMENTING RECORD 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 or excess top of able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure Longth of Test Cosing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbls. Gsa - MCF GAS WELL Actual Prod. Test-MCF/D Bhis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shot-in) Casing Pressure (Ehut-in) Choke Size CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION

January 18, 1977 (Date)

			e Oil Conservation
Commission have	been complied t	with and that th	e information given
above is true an	d complete to the	e best of my kn	owledge and belief.

- 1977 Orig. Signed by Jerry Sexton

APPROVED

Lice M. Mighed <u>Production Clerk</u>

Dist 1, Supv.
This form is to be filed in compliance with RULE 1164.

if this is a request for allowable for a newly dritted or impresed well, this form must be accompanied by a tabulation of the condition tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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