Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

DISTRICT III

Operator

DISTRICT I P.O. Bax 1980, Hobbe, NM 88240

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

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT All Distances must be from the outer boundaries of the section

Lease Well No. Hal J. Rasmussen Operating, Inc. ARES S TATE Unit Letter Section Township Range County 1/ 2 Lea 6 Actual Footage Location of Well: NMPM 161 feet from the Eastline line and Ground level Eley. fect from the Producing Formation 3442 Dedicated Acreage: an sil J<u>almat-TNSL-YTS-7R</u> 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 20 Acres 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, Yes □ No If answer is "yes" type of consolidation If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if neccessary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



RECEIVED APR 2 4 1991 HOBBE GAM

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Submit to Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies		State of New M gy, Minerals and Natural	Resources Departme			– Form C-101 Revised 1-1-89
DISTRICT I	OII	L CONSERVATI	ON DIVISIO	N LAND		
P.O. Box 1980, Hobbs,	NM 88240	P.O. Box 20	088	AT NO. 1		CD og New Wells)
DISTRICT II		Santa Fe, New Mexico	87504-2088		25-2463	
P.O. Drawer DD, Artesi	a, NM 88210			2. IIIICA	te Type of Lea	
DISTRICT III 1000 Rio Brazos Rd., A	Tec ND ( PT (10			6 State (	Dil & Gas Lea	
					1431	SC 1NO.
APPLIC	ATION FOR PERMIT	TO DRILL, DEEPEN,	OR PLUG BACK			mmmmm
12. Type of Work:				7 10200	//////////////////////////////////////	Agreement Name
DRI	LL 🗌 RE-ENTR		PLUG BACK	. Last		Agreement Name
b. Type c. Well: OL CAS			. 200 BACK			
WELL X WELL	OTHER .	SINCLE ZONE	Z ZONE	Ares S	tato	
2. Name of Operator			· (			
Hal J. Rası	nussen Operating	J. Inc.		8. Well N	0.	
3. Address of Operator		5) Inc.		1		
Six Desta [	Drive, Suite 58		9. Pool name or Wildcal Jalmat TNSL-YTS 7R			
4. Well Location					C TNSL-Y	TS 7R
	<u>A</u> : <u>660</u> Feet				t From The _	East Line
	IIIIIIIIII	latip 23.5 Rau		NMPM	Lea	County
		10. Proposed Depth		I. Formation		
		PBTD		7R		12. Rotary or C.T.
13. Elevations (Show wheth		14. Kind & Status Plug. Bood	15. Drilling Contrac		1.6.4	
3442 GL		Current State Wid	e	~	1/02	Date Work will start
	PF	OPOSED CASING AN				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH			
	8/5/8	32			CEMENT	EST. TOP
	5 1/2 17 200 2					
				250		
Proposed Ope	erations:	Current Status	5 - Langlie Ma	ittix		

- 2) Perforate Jalmat 2950-3500
- 3) Acidize
- 4) Frac
- 5) Put on pump

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: # PROPOSAL IS TO ZONE GIVE BLOWOUT PREVENTER PROGRAM & ANY.	DEEPEN OR PLUG BACX, GIVE DATA ON PRESE	NI' PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE
I hereby certify that the information above is true and complete to the best of my knowled SKONATURE	ige mod belief. Mgent	1/19/90
TYPE OR PRINT NAME Jay Cherski		TELEPHONE NO.915-687-1664
(This space for State Use) ORIGINAL SIGNED BY JORX / SEXTON DISTRICT ! SUPERVISOR		
APTROVED BY	_ TITLE	JAN 2 3 1990

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval Date Uniess <del>Drilling</del> Underway. Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

DISTRICT III

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DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

nal. J. Kashussen Uperating, Inc.       ARES STATE       1         A Lear       Sector       Towadig       Rage       County       Lea         A Low Decision of Weil:       County       Lea       Manual Port Lease in Advance matching formation       Docined Accesse:       Hou         3 U H2       Tradicity formation       Prod       Extent - YAFS       Jalingt-TINSL-YTS-7R       Docined Accesse:         1. Outline the scrage decinated to the subject well by colored pencil or hadbure matte so the plat below.       2.1 if more than one lease of different ownership is dedicated to the well, bare the interest of all owners beca consolidated by communitation,       Hou       Acres         1. Barwer is "well" of the Colored to the well, bare the interest of all owners beca consolidated by communitation,       Hou       Mare         1. Barwer is "well" of the Colored to the well, bare the interest of all owners beca consolidated by communitation,       Hou       Mare         1. Barwer is "well" of the information and the decinity been consolidated.       (Her write side of the ownership) is dedicated by the box occessidated (Processidated Accesses)       Mare         1. Barwer is "well information ownership is dedicated by the box occessidated.       Her write ide of the ownership is dedicated by the box occessidated.       Mare       Mare         1. Barwer is "well well well well be accessidated.       Her write ide of the ownership is deco       Mare       Mare       <	Init Lifer       ARES STATE       1         An Lifer       Scidon       Towadip       Rage       County Lea         And Yoaque Location of Well       2.3 s       3.6 c       NMPM       Dedicated Accessor         County Lea       MARM       Fooduing Formation       Dedicated Accessor       Heat         Survey       Towasting Formation       Dedicated Accessor       Heat       Dedicated Accessor         1. Outline the scrage dedicated to the well, outline cach and identify the ownership thereof (both as to working interest and royalty).       1.1 more than one taxe is dedicated to the well, outline cach and identify the ownership thereof (both as to working interest and royalty).       1.1 more than one taxe of different orearchip is dedicated to the well, have the interest of all owners bear operating interest and royalty).         1.1 more than one taxe of different orearchip is dedicated to the well, have the interest of all owners bear operating interest and royalty).       1.1 more than one taxe of different orearchip is dedicated to the well, have the interest of all owners bear operating on the scient of the operating on the scient of the description which have actually bear operating on this form if boccessary.       No different orearchip is dedicated to the well, have the interest of all owners bear operating on the scient of the description on the scient or operating on the scient of the description on the scient of t	-perator				Lease					Well No.	
Load Section       100methip       Range       County       Lead         Accurat Accurate Localized of Well:       23 s       36 e       JMMA       Ead         Stand Forge Localized of Well:       Producing Formation       Prod       Edited of Form the       EA + 57       Line         3 UH 2       TANISTLE - YA+65       Jalmat - TNSL-YTS-7R       Poil       Edited Arrage:         1. Outline the scrage coordinate of the well, well by colored pocil an hadram maths on the plat below.       2. If more than one lease of different ownerhip for consolidated to be well, have the interest of all owners been consolidated by communitation, unitiation for ad pociling each and populate well by accompany to a populate well by accompany.         3. If more than one lease of different ownerhip is dedicated to the well, have the interest of all owners been consolidated by communitation, unitiation, forced-pooling, each         Yes       Work if the scrape of the bar well will ill lanearch are been consolidated. (Use reverts tide of the accurate and populate to the bar of well will be prediced and populate. The scale of oppolating each interest, has been approved by the Divisor.         Yes       Yes       OPERATOR CERTIFICATION         If a well a processing well be setting well by accepting been accoacidated accepting well by accepting well b	one that				c	AR	ES	STATE			1	
State       NMPM       Date       NMPM         C60       for firm the backge formation       Pol       Dedicated formation       Dedicated Acress:         3 U+12       TANISTLE - YAFES       Jalmat-TNSE-TYS-7R       U+0       Acres         1. Outline the acregate dialities to the mails each and identify the ownership is dedicated to the well, outline each and identify the ownership is dedicated to the well well is dedicated to the well well is dedicated to the well well between the total acress tail interest and movally).       3. If more than one lease of different ownership is dedicated to the well well betwee the interest of all owners been consolidated by communitation, multitude, fore-pooling, etc.?       If answer is "yet" yee of consolidated. (Use reverse side of the owners and tred descriptions which have schally been consolidated. (Use reverse side of the owners and tred descriptions which have been consolidated. (Use reverse side of or well a consendated unit, eliminating each interest, has been approved by the Division of yee bookdage and beling.         We till a consendated unit, eliminating each interest, has been approved by the Division of yee bookdage and beling.         We till a consendated unit, eliminating each interest, has been approved by the Division of the owner and complete to the well well well well well well interest. The constant is a description of the owner and constitute of the identify constant in the identify constant interest and the well well identifies to the beling of the mail to book and the well in the identifies and beling.         We till a constant and trace to the beling of the owner and complete to the beling.       Decleared. <t< td=""><td>And Pools Locking Formation       Image Locking Formation       Pool       Ext from the EAST line       Declarated Acress:         3 UH 2.       TANISTLE - YATES       Jaimat-TNSE-TR       Uto Acres       Declarated Acress:         1. Outlies the arrayse declarated to the well, outlies each and identify the ownership is declarated to the well, outlies each and identify the ownership is declarated to be well, have the interest of all owners been consolidated by communitation, and there is "yet" type of consolidated. (Use reverse risk of the ownership is declarated by the Deviation ownership is declarated by the Deviation, and there is "yet" type of consolidated. (Use reverse risk of the ownership is declarated by the Deviation ownership is declarated by the Deviation.         Na if combined interest, has been approved by the Deviation ownership is declarated by the Deviation ownership is declarated by the Deviation.       OPERATOR CERTIFICATION I is now and complete to the big is interest, has been approved by the Division of the part is interest and by Deviation of the part is interest.         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66.0       feet from the       NOALTH       line and       66.0       feet from the       EAST       line         100adi lovel law:       Transitut - YAPES       Jalmat-TNSL-YTS-7R       40       Acres         1. Outline the scrage dedicated to the subject well by colored pencil or backure marks on the plat bolow.       2. If more than one lass of different ormenthip is dedicated to the well, have the interest of all owners bees consolidated by communitation, undificition force-pooling, et al.	666 0       foot from the 100 CTH Hist and 660 0       foot from the EAST Hist and 100 control foot from the EAST The Dedicated Acresses         3 UH Z       TANSULT - YATS S       Jalmat - TINSI-YTS - R       Ho       Acres         1. Outline the strange dedicated to the subject well by colored pacell or hadrate marks on the piel below.       2. If more than one lace is dedicated to the well, outline each and identify the ownership formed (both as to working interest and royalty).       3. If more than one lace is dedicated to the well, outline each and identify the ownership formed (both as to working interest and royalty).       3. If more than one lace is dedicated to the well, outline each and identify the ownership formed (both as to working interest and royalty).         3. If more than one lace is dedicated to the well, well the interest of all owners bees compositized (bit ownership is dedicated to the well, well the interest if the ownership is dedicated or the well well at its row is the too well well well the interest is the proved with have scalaring been compliated (bit ownership is decirated to the well well well well well well well we			23 5		30	6 E	I'	NMPM	Le	a	
Initial law     Producing Formulas     Not     Producing Tormulas     Producing Tormulas     Producing Tormulas     Producing Tormulas       3 WH 2     TANSILL - YARES     Jalmat-TNSL-YTS-7R     Ye     Acres       1. Outling the scruge deficients to the biplor well by colored peacife to backure marks or the plat below.     Ye     Acres       2. If more than one lease is dedicated to the well, bar the binders of the point below.     If more than one lease is dedicated to the well, have the interest of all owners been accessibilized by communitization, multination, fore-produing ter.?     No     If answer is "yet" type of coancidiation       11 marker is "no" list the owners and true descriptions which have sensity been coancidented. (Use reverse side of this form it be contervise)     If answer is "no" list the owners and instruction, multination, multination, fore-produing ter.?     No allowable will be assigned to the well instruct have been coancidented. (Use reverse side of this form it be contervise)       If any term if "no" list the owners and instruction which have sensity been coancidented (Use reverse side of this form it be coand) to the well coaling on the point of the sould coancidented to the well coaling on the point of the point instruction.     If any term if the coancerse is the owner of the point of the sould coancerse on the sould coancerse on the sould coancerse.       If any term if any term if the well of the well of the marker is "yet" type of coancerse on the back of the well of the marker is "yet" type of the sould coancerse on the point of the sould coancerse.       If any term if any term if the well of the well of the term is the well of the marker is the w	Producting formulation       Interest       Pool       Date of Pool       Date Pool <thdate pool<="" th="">       Date Pool       <thdate< td=""><td>11 -</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thdate<></thdate>	11 -										
3 UHZ     TANSI-L - YATES     Jalmat-TNSL-YIS-7R     YC     Acres       1. Outline the scrage dedicated to the well, outlice each and identify the ownerthip thereof (both as to working internet and royalty).     3. If more than one lease of different ownership is dedicated to the well, have the internet of all owners to be consolidated by communitization, antibular, fore-pooling, etc.?     If acres the more is yet?     Yet     If acres the more is yet?       Yet     No     If acres the more is yet?     If acres the more is yet?     If acres the more is yet?       Yet     No     If acres the more is yet?     If acres the more is yet?       Yet     No     If acres the more is yet?     If acres the more is yet?       Yet     No     If acres the more is yet?     If acres the more is yet?       Yet     No     If acres the more is yet?     If acres the more is yet?       Yet     No     If acres the more is yet?     If acres the more is yet?       Yet     No     If acres the more is yet?     If acres the more is yet?       Yet     No     If acres the more is yet?     If acres the more is yet?       Yet     If acres the more is yet?     If acres the more is yet?     If acres the more is yet?       Yet     If acres the more is yet?     If acres the more is yet?     If acres the more is yet?       Yet     If acres the more is yet?     If acres the more is yet?     If acres t	3 442     TANSL-L - YAPES     Jalmat-TNSL-YTS-7R     Use Array       1. Outling the sorage declarad to the well, outline each and identify the conserting thereof (both as to working interest and reyarty).     3. If more than one lease of different orwanchip is declarad to the well, have the interest of all owners too nonsolidated by communitization, many-pooling dcf.     Array       3. If more than one lease of fifterent orwanchip is declarad to the well, have the interest of all owners too nonsolidated by communitization, many-pooling dcf.     If answer is "yes" type of consolidation     If answer is "yes" type of consolidation (Use reverse tide of the fifth are statily been consolidated. (Use reverse tide of the fifth are statily been consolidated. (Use reverse tide of the fifth are statily been consolidated. (Use reverse tide of the interest bare base approved by the Divisor.       If answer is "so" list the orwant null stating such interest, has been approved by the Divisor.     OPERATOR CERTIFICATION I are and complete to the base of the bas	iround level Elev.		Formation	line and		0 0 0	fee	t from the	EAST	line	
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OPERATOR CERTIFICATION I kerely certify that the information is the original term in the and complete to the best of my browledge and belief. Signature Jay D. Cherski Position Agent Company Hal J. Rasmussen Operating, Date 2.C 90 SURVEYOR CERTIFICATION I kereby certify that the well location shown on this plat was policid from fuld notes of actual surveyed Signature & Seal of Professional Surveyor	OPERATOR CERTIFICATION     I kreity cerify that the information     contained kerein in true and complete to the     best of my browledge and beligt.     Signaure     Finited Name     Jay D. Cherski     Position     Agent     Company     Hial J. Rasmussen Operating,     Date         2.c. / 9.0     SURVEYOR CERTIFICATION     I kereby cerify that the well location shown     on this plat was plotted from field noise of     actual survey made by me or under my     now this plat was plotted from field noise of     actual survey med by me or under my     now this plat was plotted from field noise of     actual survey med by me or under my     now this plat was plotted from field noise of     actual survey need by me or under my     now this plat was plotted from field noise of     actual survey need by me or under my     now this plat was plotted from field noise of     actual survey need by me or under my     now this plat was plotted from field noise of     actual survey need by me or under my     actual survey need by me or under my     correct to the best of my browledge and     beligt.     Date Surveyor     Signature & Scal of     Professional Surveyor     Certificate No.	No allowable w or until a pon-st	ill be assigned to tandard unit, elimi	the well until all nating such intere	interests have been est, has been appr	a consolidate oved by the D	d (by com Division.	munitization, unit	ization, for	cod-pooling	or otherwise)	
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Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Artec, NM 87410 I. Operator Hal. I. Rasmussen Opera Address Six Desta Drive, Suite Reason(s) for Filing (Check proper box) New Well Recompletion	Energy, Minerals and N OIL CONSERV P.O. 1 Santa Fe, New N REQUEST FOR ALLOWA TO TRANSPORT O	IL AND NATURAL GAS	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page ON Well API No. <u>30-025-24635</u>
If change of operator give name and address of previous operator	· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL			
Ares State	Well No. Pool Name, Inclu 1 Langlie M		Kind of Lease Lease No. State, Federal or Fee B-1431
Location			
Unit LetterA	:660Feet From The	Line and660 .	Feet From The Line
Section 16 Townshi	ip 23 S Range 36 E	,NMPM, Lea	County
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	IRAL GAS	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
Sun_Refining & Marketin Name of Authonized Transporter of Casin	ng Co.	Box 2039, Tulsa, OK	74102
El Paso Natural Gas Con		P.O. Box 1492, El Pa	rowed copy of this form is to be sent) aso, Tx 79978
If well produces oil or liquids, give location of tanks.	Unit Soc. Twp. Rge		When 7
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deep	pen Plug Back Same Res'v Diff Res'v
Date Spudded	- (X) Date Compt. Ready to Prod.	Total Depth	
	Due Carlar Ready to Flot	roa Depui	P.B.T.D.
Elevations (DF, RKB, RT, GR, elc.)	Name of Froducing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	<u></u>		Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD	
		DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after re		· ·	
Date First New Oil Run To Tank	ecovery of total volume of load oil and must Date of Test	be equal to or exceed top allowable for Producing Method (Flow, pump, gas	or this depth or be for full 24 hours.)
I work of The second seco			-y-,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL	L	l	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		
en survey of the state o		Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFICA I hereby certify that the rules and regular Division have been complied with and the is true and complete to the best of my bo	tions of the Oil Conservation	Date Approved	VATION DIVISION
Signature Wm. Scott Ramsey	General Manager	ByCRIGINA	L SIGNED BY JERRY SEXTON
Printed Name 9-29-89	Title	TitleD	ISTRICT I SUPERVISOR
<u>9-29-89</u> Date	915-687-1664 Telephone No.		
INSTRUCTIONS: This form	is to be filed in compliance with F	Lule 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.

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

i

Date First New Oil Run To Tank       Date of Test       Producing Method (Flow, pump, gas lift, etc.)         Length of Test       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Gas- MCF         GAS WELL       Length of Test       Dbls. Condensate/MMCF       Gravity of Condensate	+- ··						
EXAMPLE A REAL PLANE AND ALLOW AND RATURAL CAS       For any products of plantal in the second state of th							
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F0. Dec 2083       DEPCOD Action 37504-2088         DETERCTI       Sunta PA, New Mexicol 37504-2088         DETERCTI       Sunta PA, New Mexicol 37504-2088         TRANSPORT OL AND NATURAL GAS       REQUEST FOR ALLOWABLE AND AUTHORIZATION         Target Source Sour							
1000 SEDIERA K4, Asse, Not 8140       REQUEST FOR ALLOWABLE AND AUTHORIZATION         1       1000 TRANSPORT OL AND NATURAL GAS         101 J. REFINISSEN OPERATING, Inc.       Well XPINA.         Addres       Not Person 10, AND NATURAL GAS         1000 Section Filing Chat payer And       Cauge in Transport of         Recomplote       Oil       Dog Gas         Recomplote       Oil       Dog Gas         Recomplote       Oil       Dog Gas         Index in the filing of the gas of the filing of the fili	P.O. Drawer DD, Artesia, NM 88210	P.O.	Box 2088				
L         Decomposition         Value         And Section           General Control         TO TANSPORT OLLAND NATURAL GAS         Value         Valu	DISTRICT III		Mexico 87504-2088				
L         TO TRANSPORT OIL AND NATURAL GAS           Int J., Rasmussen Operating, Inc.         Wil AP No.           Statemannian Construction (Section Construction)         One (Press captor)           Statemannian Construction (Section Construction)         One (Press captor)           Statemannian Construction (Section Construction)         One (Press captor)           New Will         One (Press captor)         One (Press captor)           New Will Construction (Section Construction)         One (Press captor)         One (Press captor)           New Will Construction (Section Construction)         One (Press captor)         One (Press captor)           Name Name         Construction (Section Construction)         One (Press captor)         Last No.           Last None         Construction (Section Construction)         Last No.         Last No.           Last None         Section (Section Construction)         Mattrix SR-Q=G         East No.           Loadsa         Use Last No.         Last No.         Last No.           Loadsa         Internation (Section Construction)         Added (Section Section No.         Last No.           Loadsa         Internation (Section Construction)         Internation (Section Section No.         Last No.           It Loadsa         Internation (Section Construction)         One (Section Section Section No.         <		REQUEST FOR ALLOW	ABLE AND AUTHORIZATIO	N			
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Change is Openior       Kill       Construction         Change is Openior       John Yuronka, P.O. Box 1322, Midland, Texas 79702         Lase Name       John Yuronka, P.O. Box 1322, Midland, Texas 79702         Lase Name       In       Langlie Mattix SR-Q=0         Mate State       1       Langlie Mattix SR-Q=0         Unit Letter       Area State       1         Location       1       Langlie Mattix SR-Q=0       State or Fre         Unit Letter       Area State       1       Langlie Mattix SR-Q=0         Section 10       Township 23 S       Kange of State       Conv         Unit Letter       Area State       10       Lase Mathematic State       Conv         Scurlick Antoniced Trauporte of Cli Company       Cli Company       Cli Company       Mater Gline address in Mathematic State of Mathematic State of State 79718         Name of Audoniced Trauporte of Campany       or Company       Res 11/22/3			]				
and Adeed at gravical operator							
I. DESCRIPTION OF WELL AND LEASE       Viel Na.       Load Name       Lang 14.       Net Name       Lang 14.       <	If change of operator give name and address of previous operator	ohn Yuronka, P.O. Box 1	322, Midland, Texas 797	02			
Lase Name       Well No. Pool Name, Including Formation       Image 16 Matt Lis SR-Q=G       State B       Lase Name         Area State       1       Langlie Matt Lis SR-Q=G       State Pool       B-1431         Location       1       Langlie Matt Lis SR-Q=G       State Pool       B-1431         Unit Lease A       .       660       Feet From The N       Lise and 660       Feet From The E       Lise Name         Unit Lease A       .       .       660       Feet From The N       Lise and 660       Feet From The E       Lise State         IDESIGNATION OP TRANSPORTER OF OIL AND NATURAL GAS       Scatt List Name Indextor which approved copy of his form is to be sent)       1216 Vaughtn Britlding, Milland, Texas 79701         Name of Aubnicute Transporter of Camplead Gas       or Condenstate       Addres (Fire address to which approved copy of his form is to be sent)         Prove Res Dialognamy       Pool, Box 1642, Bl Paso, Texas 79978       Prove Res 11       Piol Name of bit and Piolognamy         Prove Res Dialognamy       Pool, Box 1642, Bl Paso, Texas 79978       Piol Name of the address of which approved copy of his form is to be sent)         Prove Res Dialognamy       Pool, Box 1642, Bl Paso, Texas 79978       Piol Name of Pool       Piol Name of Pool         Prove Res Dialognamy       Pool, Box 1642, Bl Paso, Texas 79978       Piol Name of Pool       Piol Name of Pool							
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International product of Coll AND NATURAL GAS         Name of Auboinde Transporter of Cit         Scurlock 011 Company         International Transporter of Cit Cappany         International Transpor	Unit Letter	: Feet From The	Line and060 .	Feet From TheLine			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Comparison         Name of Authorized Transport of OI       Image: or Condensate       Address (Give address to which approved copy of his form is to be seed)         12.16 Vaught Building, Midland, Texas 79701       Address (Give address to which approved copy of his form is to be seed)         12.16 Vaught Building, Midland, Texas 79701       Address (Give address to which approved copy of his form is to be seed)         12.6 Vaught Building, Midland, Texas 79708       Peterson       Address (Give address to which approved copy of his form is to be seed)         11 well produce oil of limids, building, Midland, Toras of other see root, give comminging order samble:       Velas 7.4-3.6       Test something         12 well produce oil of limids, building, Midland, Toras or other see root, give comminging order samble:       Velas Specide       Test Something         12 well produce oil of limids, building, Midland, Toras or other see root, give comminging order samble:       Test Something       Test Something         12 well produce oil of limids, Brance Areav Diff Rev       Date Specide       Past Something       Test Something         12 well produce oil of limids, Brance Areav Diff Rev       Date Something       Test Depth Network       Pethodes Something         12 well as produce oil of Date Completion - (X)       Oil Well Medice Formatice       Top Oil/Gat Pay       Theing Depth         12 well as formation       Date Something Me	Section 16 Townsh	hip 23 S Range	36 E NMPM. Lea	Constru			
Patho & Alabohizo 1 respect of Od       Image: Concentration of Condensitie       Address (Give address to which approved core of the form is to be send)         121 El Pasco 111 Company       P.O. BOX 11022, El Pasco, Texas 7976         If waip produce oil or liquids, inclusion of Condensitie       P.O. BOX 1492, El Pasco, Texas 7976         If waip produce oil or liquids, inclusion of the send produce of the form is to be send)       P.O. BOX 1492, El Pasco, Texas 79978         If waip produce oil or liquids, inclusion of the send produce oil of the produce oil or liquids, inclusion of the send produce oil of the send produce oil or liquids, inclusion of the send produce oil of the send of the send produce oil of the send produce oil of the send produce oil or liquidsesend produce oil of the send pr	TH DECIONATION OF THE			County			
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Partice of Automized Transport of Casegoed Gat       or Dy Gat       Address (Give address to whick approved styp of this form is to be send)         EL Passo Natural Case Company       P.O. (box 1492; El Passo; Texas 79978       When 7       7-9-3 (L         If will produced all or liquids, index       I.d. (Jace 23)       24       7-9-3 (L       7-9-3 (L         If Ohl produced is compaiged with that from say other lease or pool, give comminging order sumber:       7-9-3 (L       7-9-3 (L       7-9-3 (L         Designate Type of Completion - (X)       Oil Weil       Gas Well       New Well       Wetover       Deepen       Plug Back Same Resv       plif Resv         Date Spadded       Date Compl. Resdy to Prod.       Total Depth       PB.T.D.       PB.T.D.       PB.T.D.         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top Ol/Gas Fay       Tubing Depth         Forforations       TUBING, CASING AND CEMENTING RECORD       Peth Casing Shoe       Peth Casing Shoe         V. TEST DATA AND REQUEST FOR ALLOWABLE       Date of Test       Producing Method (Flow, pump, gar lift, etc.)       Date of Test         Date first New Oil Run To Task       Date of Test       Date of Test       Casing Pressure       Choke Size         Actual Producing Method (plior, hack pr.)       Tubing Pressure       Casing Pressure       Choke Size       Choke Si	Scurlock Oil Company						
L. L. PASC. NATURAL Case Company.       P. O. Box 1492, EI Paso, Texas 79978         I'vel pockase io a riguid.       Uai, Soc. Twp. Rg. It gas a chully connected.       When 7       7-9-3 (J         I'vel pockase is connected with at from any other lease or pool, give commingling onler numbér.       I'vel pockase is connected with at from any other lease or pool, give commingling onler numbér.       I'vel pockase is connected with at from any other lease or pool, give commingling onler numbér.         I'vel pockase is connected with at from any other lease or pool, give commingling onler numbér.       Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepes       Plug Back Same Rev       plif Rev         Data Spadded       Data Complex Ready to Producing Formation       Top Oll/Gas Pey       Tubing Depth       File.         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top Oll/Gas Pey       Tubing Depth         Velse       TUBING, CASING AND CEMENTING RECORD       HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       If and many of read       Producing Method (Flow, pump, gas ifi, etc.)       Chick Size         V. TEST DATA AND REQUEST FOR ALLOWABLE       Data of Test       Producing Pressure       Chick Size       Chick Size         VI. WELL       Totak       Data of Test       Produ			Address (Give address to which approv	red copy of this form is to be sent)			
pixels of task.       A       1/6       231/36       Yes       7-9-3 6         Yes       Yes       Yes       Yes       7-9-3 6         Yes       Over the production is commingled with that from any other task or pool, give commingling order sumbdr.       Yes       7-9-3 6         Yes       Over the production is commingled with that from any other task or pool, give commingling order sumbdr.       Performation       Performation         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Pill Back       Same Ret V       Diff Ret V         Date Spadded       Date Completion - (X)       Date Completion of Producing Formation       Top Oil/Gas Pay       Tubing Depth       PB.T.D.         Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         Perforations       UBING, CASING A TUBING SIZE       Depth Casing Shoe       Depth Casing Shoe         V. TEST DATA AND REQUEST FOR ALLOWABLE       Total mult be effer recovery of total volume of load oil and mult be equal to or escend top allowable for this depth or be for full 24 hours.)         Date Fire New Oil Rue To Tak       Date of Test       Producing Method (Flow, pump, gas Iff, etc.)         Length of Test       Oil - Data.       Water - Bbla       Gas: MCP         GAS WELL	<u>El Paso Natural Gas (</u>		<u>P.O. Box 1492, El Pa</u>	so, Texas 79978			
	give location of tanks.	A /b		7-9-31			
Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Reiv       Diff Reiv         Date Spadded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       P.B.T.D.         Elevations (DP, RKB, RT, GR, etc.)       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         Perforations       Depth Casing Shoe       Depth Casing Shoe       Depth Casing Shoe         TUBING, CASING AND CEMENTING RECORD         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       Interformation of load oil and must be spail to or exceed top allowable for this depth or be for full 24 hours.)       Dite first New Oil Run To Tak       Date of Test       Producing Method (Flow, pump, gas lift, etc.)         Length of Test       Tubing Pressure       Casing Pressure       Choke Size       Choke Size         Actual Prod. During Test       Oil - Ebits.       Casing Pressure (Shut-in)       Choke Size       Oil - Condensate/MMCF       Gravity of Condensate/MMCF         Actual Prod. Test - MCP/D       Length of Test       Bbits. Condensate/MMCF       Gravity of Condensate/MMCF       Oil - Condensate/MMCF         Marker - MCP/D       Length of Test       Date Approved       AUB - 1       1080S </td <td>If this production is commingled with that</td> <td>from any other lease or pool, give comming</td> <td>gling order number:</td> <td>130</td>	If this production is commingled with that	from any other lease or pool, give comming	gling order number:	130			
Designate Type of Completion - (X)       The final field of the field	IV. COMPLETION DATA						
Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top OU/Gat Pay       Tubing Depth         Purformations       Depth Casing Shoe       Depth Casing Shoe         TUBING, CASING AND CEMENTTING RECORD       Depth Casing Shoe         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET         SACKS CEMENT       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       Depth data of the ofter 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 Rus To Task       Date of Test         Producing Pressure       Casing Pressure         Actual Prod. During Test       Oil - Bbls.         GAS WELL       Actual Prod. Castrey General Manager         Actual Prod. Complete to the best of my knowledge and belief.       Date OT Test         Division have best of my knowledge and belief.       Date Gravity of Coodenaate         OIL CONSERVATION DIVISION       Date Approved         Man. Scott Ramsey       General Manager         Tube       Tube         June 1, 1989       915-687-1664         Date       Title	Designate Type of Completion	- (X)   Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v			
Elevations (DF, RKB, RT, GR, etc.)       Name of Producing Formation       Top Oil/Gas Pay       Tubing Depth         Perforations       Depth Casing Shoe       Depth Casing Shoe         TUBING, CASING AND CEMENTING RECORD       Depth Casing Shoe         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET         SACKS CEMENT       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       DLWELL (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 Taak       Date of Test         Producing Method (Flow, pump, gas lift, etc.)         Length of Test       Oil - Bbls.         GAS WELL       Casing Pressure         Actual Prod. Test - MCF/D       Length of Test         Division Area beas complied with ad that the information given above is true and complete to the beat of my knowledge and belief.         June 1, 1989       915-687-1664         Date       Tubing Pressure	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
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Depth Casing Shoe         TUBING, CASING AND CEMENTING RECORD         HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         WILL       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE       DIL WELL       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 Rua To Taak       Date of Test       Producing Method (Flow, pump, gas lift, etc.)         Length of Test       Tubing Pressure       Chaing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbis.       Gas- MCF       Gas- MCF         GAS WELL       Casing Pressure       Choke Size       Choke Size         Actual Prod. During Test       Oil - Bbis.       Bbis. Coadensiste/MMCF       Gravity of Coadensiste         Mathed (pluo, back pr.)       Tubing Pressure (Shut-in)       Choke Size       Choke Size         /I. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION       Date Approved       Date 6 1 1 1989         Signature       General Manager       Tubing       Signature       Signature       Signature         Signature       Tubing 9 15-687-1664       Tubing Pressure       DISTRICT I SUPER		Ivane of Producing Formation	Top Old Gas Pay	Tubing Depth			
HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         V. TEST DATA AND REQUEST FOR ALLOWABLE	Perforations			Depth Casing Shoe			
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V. TEST DATA AND REQUEST FOR ALLOWABLE         OIL WELL (Test must be ofter 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 Rus To Task         Date of Test         Producing Method (Flow, pump, gas lift, etc.)         Length of Test         Duing Test         Oil - Bbls.         GAS WELL         Actual Prod. During Test         Oil - Bbls.         GAS WELL         Actual Prod. Test         Duing Test         Oil - Bbls.         Gase MCF         Gase MCF         Gase MCF         Gase MCF         OIL OPERATOR CERTIFICATE OF COMPLIANCE         I hereby certify that the rules and regulations of the Oil Conservation         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.         June 1, 1989       915-687-1664         Date       Telephone No.	HOLE SIZE						
DIL WELL       (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 Tank       Date of Test       Producing Method (Flow, pump, gas lift, etc.)         Length of Test       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Gas- MCF         GAS WELL       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         esting Method (pilot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Interest been complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Division have been complete to the best of my knowledge and belief.       Date Approved       AUG 1 1 1989         Signature       Wm. Scott Ramsey       General Manager       Tide         Vine 1, 1989       915-687-1664       Tide       Tide         Date       Telephoce No.       Tide       Tide			DEPTH SET	SACKS CEMENT			
DIL WELL       (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 Tank       Date of Test       Producing Method (Flow, pump, gas lift, etc.)         Length of Test       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Gas- MCF         GAS WELL       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         esting Method (pilot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Interest been complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Division have been complete to the best of my knowledge and belief.       Date Approved       AUG 1 1 1989         Signature       Wm. Scott Ramsey       General Manager       Tide         Vine 1, 1989       915-687-1664       Tide       Tide         Date       Telephoce No.       Tide       Tide							
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Late First New Oil KUI 10 Tank       Date of Test       Producing Method (Flow, pump, gas lift, etc.)         Length of Test       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Gas- MCF         GAS WELL       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         esting Method (pilor, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Ihereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Mm. Scott Ramsey       General Manager         Title       Title         June 1, 1989       915-687-1664         Date       Telephone No.	OIL WELL (Test must be after r		be equal to or exceed top allowable for th	his depth or be for full 24 hours.)			
Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Gas- MCF         GAS WELL       Actual Prod. Test       Dils.       Water - Bbls.       Gas- MCF         GAS WELL       Actual Prod. Test       Bbls. Condensate/MMCF       Gravity of Condensate         esting Method (pilot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         June 1, 1989       915-687-1664       District i Supervisor         Title       Title       Title	Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift,	elc.)			
Actual Prod. During Test       Oil - Bbls.       Water - Bbls.       Gas-MCF         GAS WELL       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         esting Method (pilot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         June 1, 1989       915-687-1664       District 1 SUPERVISOR         Title       Title       Title	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
GAS WELL     Actual Prod. Test - MCF/D     Length of Test     Bbls. Condensate/MMCF <sup>2</sup> Gravity of Condensate       esting Method (pitor, back pr.)     Tubing Pressure (Shut-in)     Casing Pressure (Shut-in)     Choke Size       /I. OPERATOR CERTIFICATE OF COMPLIANCE     Interve the sum regulations of the Oil Conservation     OIL CONSERVATION DIVISION       /I. OPERATOR CERTIFICATE OF COMPLIANCE     OIL CONSERVATION DIVISION     Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.     OIL CONSERVATION DIVISION       June 1, 1989     915-687-1664     District I SUPERVISOR       Title     Title		<b>-</b>		Chord Size			
Actual Prod. Test - MCF/D       Length of Test       Dbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pitot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Um       Statt       General Manager         Finated Name       Title         June 1, 1989       915-687-1664         Date       Telephone No.	Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF			
Actual Prod. Test - MCF/D       Length of Test       Dbls. Condensate/MMCF       Gravity of Condensate         Testing Method (pitot, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Um       Statt       General Manager         Finated Name       Title         June 1, 1989       915-687-1664         Date       Telephone No.			<u> </u>				
Signature     Wm. Scott Ramsey     General Manager       Finded Name     Title       June 1, 1989     915-687-1664	Actual Prod. Test - MCF/D	Length of Test	Bble Condensate 0 / Co				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Uravity of Condensate			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
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Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       Date Approved       Division have been complete to the best of my knowledge and belief.         Um       Statt       Complete to the best of my knowledge and belief.       Date Approved       Division have been complete to the best of my knowledge and belief.         Signature       Signature       General Manager       District I SUPERVISOR         Wm.       Scott Ramsey       General Manager       Title         June 1, 1989       915-687-1664       Title       Title         Date       Telephone No.       Title       Title	VI. OPERATOR CERTIFICA	ATE OF COMPLIANCE					
is true and complete to the best of my knowledge and belief.         Um Statt       Date         Signature       ORIGINAL SIGNED BY JERRY SEXTON         Wm. Scott Ramsey       General Manager         Title       District I SUPERVISOR         June 1, 1989       915-687-1664         Date       Telephone No.	Division have been complied with and t	hat the information given above					
Signature Wm. Scott Ramsey     General Manager       Frinted Name     Title       June 1, 1989     915-687-1664       Date     Telephone No.	is true and complete to the best of my h	nowledge and belief.	Date Approved1 1989				
Signature Wm. Scott Ramsey     General Manager       Frinted Name     Title       June 1, 1989     915-687-1664       Date     Telephone No.	Wa Seatt P	2.0					
win.     Scott Ramsey     General Manager       Printed Name     Title       June 1, 1989     915-687-1664       Date     Telephone No.	Signature			SUPERVISOR			
June 1, 1989         915-687-1664         Title           Date         Telephone No.							
		915-687-1664	l Itle				
		Telephone No.					

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
  Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 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.