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ere complied with and that the information given is true and complete to the best of y knowledge and belief. BY	
TITLE	
Star Bridger Billion and Star Billion an	
(Signature) well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11	f the deviation.
(Title) All sections of this form must be filled out completed wells.	itely for allow
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Separate Forms C-104 must be filed for each per completed wells.	- الملينية عمل المد
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IV. COMPLETION DATA

Designate Type of Complet	ion - (X)	OII Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Res'v.
Date Spuided	Date Compl	Ready to I	Prod.	Total Dept	n 1		P.B.T.D.		A
Elevations (DF, RKB, RT, GR, etc.) Name of Pr		oducing For	mation	Top Oll/Gas Pay			Tubing Depth		
Perforations	L	.					Depth Casir	ng Shoe	
		TUBING,	CASING, AN	D CEMENTI	NG RECOR	D			····
HOLE SIZE CASING &		NG & TUBI	ING SIZE	DEPTH SET		SACKS CEMENT		17	
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L				<u> </u>					

V. 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 allow-OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	rai New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Frod. During Test	Oil-Bble.	Water-Bbls.	Gas • MCF			

GAS 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 (Bhut-18)	Choke Size

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