DISTRIBUTION  NEW MEXICO OIL CONSERVATION COMMISSION  REQUEST FOR ALLOWABLE  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  FRANCIA IN THE PROPERTY OF THE COMMISSION  REPUBLISHED AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  REASON ARCO OIL and Gas Company  DEVISION OF AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  REASON ARCONDATION OF THE COMMISSION  TO COMMISSION  RECUEST FOR ALLOWABLE  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  REASON ARCONDATION OF THE COMMISSION  RECUEST FOR ALLOWABLE  Line of Section  To Commission  That Levier  DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS  RESIDENCE TRANSPORTER OF OIL AND NATURAL GAS  TO COMMISSION  TO COMMISSION  REQUEST FOR ALLOWABLE  COMMISSION  REQUEST FOR ALLOWABLE  AUTHORIZATION OF TRANSPORTER OF OIL AND NATURAL GAS  REASON ALLOWABLE  Line of Section  To Commission  To Commission		<b>%</b>		
NEW MENICO DIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROPARATION OFFICE OIL COMMING ARTON OFFICE OIL COMMING ARTON OFFICE OIL COMMING ARTON OFFICE OIL COMMING THE COMMING OIL COMMING ARTON OFFICE OIL COMMING ARTON OFFICE OIL COMMING ARTON OFFICE OIL COMMING OI	•	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
NEW MENICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE REQUE	NO. OF COPIES RECEIVED	1	٠	
ENTATE  REQUEST FOR ALLOWABLE  NUMBER  REQUEST FOR ALLOWABLE  Superscient Old C-104 and C-1  Effective 1-1-5  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  PROMATOR  RESONAL OFFICE  OPERATOR  PROMATOR  RESONAL OFFICE  Conderwork  Co		NEW MEXICO OIL	CONSERVATION COMMISSION	Form C -104
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  LANG OFFICE  (RANSPORTER OLL  OCCUMENT ARCO OFFICE  CRANSPORTER OLL  OCCUMENT ARCO OIL and Gas Company  Division of Atlantic Richfield Company  Address  PROBATION OFFICE  Company  Division of Atlantic Richfield Company  Company  Division of Atlantic Richfield Company  Division of Atlantic Richfield Company  C				Supersedes Old C-104 and C-1
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  P. O. BOX 1710, Hobbs, New Mexico 88240  Reason(s) for Hing (Chark proper box)  New Yorld  Change in Transporter oil:  One of Change in Transporter oil:  Other (Please explain)  Change in Operator Name  effective: 4-1-79  Chan		- REQUES	<u>_</u>	Effective 1-1-65
LAND OFFICE  (RANSPORTER OIL OFFICE  OPERATOR OPERATOR OFFICE  OPERATOR OPERATOR OPERATOR OFFICE  OPERATOR OP		AUTHORIZATION TO T		GAS
FRANSPORTER   OIL   OPENING   OPEN		AUTHORIZATION TO TI	CANSFORT OIL AND NATORAL	
PRESENTION OFFICE  COMMON ANTON OFFICE  COMMON ARTON OFFICE  COMMON ARTON OFFICE  COMMON ARTON OFFICE  P. O. BOX 1710, Hobbs, New Mexico 88240  Change in Overship (Check proper box)  Change in Operator Name  offective: 4-1-79  Change in Overship (Check proper box)  Change in Overship (Check proper box)  Change in Overship (Check proper box)  Change in Operator Name  offective: 4-1-79  Change in Overship (Check proper box)  Change in Operator Name  offective: 4-1-79  Change in Operator Name  Scr., Pederal or Frame  Scr., Pederal or Frame  Scr., Pederal or Frame  Change in Operator Name  Scr., Pederal or Frame  Scr., Pederal or				
PRICE ATTOR PRICE ARCO OTI and Gas Company Division of Atlantic Richfield Company  Middress P. O. Box 1710, Hobbs, New Mexico Rescon[s] for thing (Check proper box)  Change in Tempsorter of: Other (Please explain) Change in Operator Name effective: 4-1-79  Change of ownership give name and address of previous owner  To thange of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lecention  DESCRIPTION OF WELL AND LEASE  Lecention  Line of Section 30 Township 33 S Range 37 E NMPM.  Line of Section 30 Township 33 S Range 37 E NMPM.  DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Conjugated Cas of Dry Gast  Line of Section 30 Township 33 S Range 37 E NMPM.  DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Conjugated Cas of Dry Gast  Address (Give address to which approved copy of this form is to be sens)  NOTE of Authorized Transporter of Conjugated Cas of Dry Gast  Address (Give address to which approved copy of this form is to be sens)  NOTE of Authorized Transporter of Conjugated Cas of Dry Gast  Address (Give address to which approved copy of this form is to be sens)  NOTE of Authorized Transporter of Conjugated Cas of Dry Gast  Type 15 agas actually canaged by When  If while production is comminged with that from any other lease or pool, give combining ing order number  COMPLETION DATA  OIL WELL  Description DATA  OIL WELL Gast Of Casing Recovery of total values of load oil and mast be equal to or exceed top all oils for this depth or be for full 28 hours  OIL WELL  Description From To Transporter  Test DATA AND REQUEST FOR ALLOWABLE (Previously Method (Flow, pump, per life, etc.)  NO Change  Lecentric Transporter of Twinks  NO Change  Lecentric Transporter of Twinks  Tubing Pressure  Test DATA AND REQUEST FOR ALLOWABLE (Previously Method (Flow, pump, per life, etc.)  NO Change	TRANSPORTER			
Section 30 Teamporter of Columbia Contents of Section 30 Township 33 Section 37 Township 33 Section 37 Township 43 Section 37 Township 43 Section 37 Township 53 Section 37 Township 54 Section 37 Township 54 Section 55 Township 54 Section 55 Township 55 Section 55 Sec		<del> </del>		
Division of Atlantic Richfield Company  Address P. O. Box 1710, Hobbs, New Mexico  Research(s) for filing (Check proper box)  New Well Common in Transporter of: Oil Common in Overenhip  Common Overenhip  Common in Overenhip  Common in Overenhip  Common of		· ·		
Division of Atlantic Richfield Company  Address P. O. Box 1710, Hobbs, New Mexico  Resson(s) for filing (Check proper box)  Change in Ownership (Check proper box)  Change in Ownership (I change in Tennaporter of California in Commentation Change in Operator Name effective: 4-1-79  If change of ownership give name and address of previous owner  Description OF WELL AND LEASE  Leave Name  Wall No.   Pool Name, Including Formation  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Unit Letter D ; Loco Feet From The Model. Line and Location  Name of Althorized Tressporter of California Case D and Content of Content D and Location  No Change D and Location  Topic Contino of Content Case D and Location D and Locati	Operator ARCO Oil and	as Company -		
P. O. Box 1710, Hobbs, New Mexico 88240  Reson(s) for filing (Check proper Sos) New Well Change in Tremsporter oit Change in Operator Name effective: 4-1-79  Change in Operator Name effective: 4-1-			· ·	
Change of Comparison   Change in Transporter of:   Change in Transporter of:   Change of Condensate   Co				
Change of Competition   Change in Transporter of:   Change in Transporter of:   Change of Ownership give name maddress of ownership give name maddress of previous owner   Change of ownership give name maddress of previous owner   Change of Ownership give name maddress of previous owner   Change of Ownership give name maddress of previous owner   Change of Ownership give name maddress of previous owner   Change of Ownership give name maddress of previous owner   Change of Ownership give name maddress of previous owner   Change of Ownership give name   Change   Change give name   Change   Change give name	P. O. Box 1710	. Hobbs, New Mexico 882	40	
Change in Change in Change in Change in Operator Name effective: 4-1-79				
Recompletion Change in Ownership Change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE Lease Name Lists of Name Unit Letter Unit Letter On Feet From The North Line and 660 Feet From The West Line at Section Unit Letter On Transporter of City or Condensate  Production On Transporter of Coll or Condensate  Production On Transporter of Coll or Condensate  If well produces oil or liquids, Unit Sec.  If well produces oil or liquids, On Township On The Sec.  On The Sec.  If well produces oil or liquids, On Township On The Sec.  On The Sec.  If well produces oil or liquids, On Township On The Sec.  On The Sec.  If well produces oil or liquids, On Township On The Sec.  On The Sec.  If well produces oil or liquids, On Township On Townsh			Change in Opera	tor Name
Completing of ownership   Casingheed Grs   Condensate    If change of ownership give name and address of previous owner    DESCRIPTION OF WELL AND LEASE    Lease Name   State   State   State    Lease Name   Casingheed   Casingheed   Casingheed    Line of Section   Casingheed   Casingheed   Casingheed    Line of Section   Casingheed   Casingheed   Casingheed    Line of Section   Casingheed   Casingheed    Line of Section   Casingheed   Casingheed    Line of Authorized Transporter of Oil    DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Casingheed Gas   Casingheed    Line of Authorized Transporter of Casingheed Gas   Cas			Gas effective: 4-1	<b>-</b> 79
Country  Change of previous owner  The change of conversable give name  State, Federal or Fee Tables State, Federal or Fee Tab	· ·			
DESCRIPTION OF WELL AND LEASE  Leas Name  Le	Change in Ownership			
Designation of Transporter of Casingheed Cas or Dry Gays  If their produces oil or liquids, give combining in growing in	change of ownership give name	<u>.</u> .	* · · · •	
Lection  Unit Letter D				
Lection  Unit Letter D			•	
Line of Section  Unit Letter  D. 660  Feet From The North Line and 660  Feet From The West  Line of Section 30 , Township 235  Range 37E , NAPM, Laa County  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of County and Considerable of Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of County and County  Name of Authorized Transporter of County and County  Sec. Typ. 15 and 15 an		D LEASE   Well No. Pool	Name, Including Formation	Kind of Lease
Line of Section 30 , Township 235 Range 37	C C C C C		10 +	State, Federal or Fee Taxon a
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line of Section 30 Township 235 Range 37E NMPM, Lac County Line of Section 30 Township 235 Range 37E NMPM, Lac County Line of Section 30 Township 235 Range 37E NMPM, Lac County Line 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 Casignhead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casignhead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  For Name of Authorized Transporter of Casignhead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  For Name of Authorized Transporter of Casignhead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  For Name of Authorized Transporter of Casignhead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  For Name of Authorized Transporter of Casignhead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Radicess (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Radicess (Give address to which approved copy of this form is to be sent)  Radicess (Give address to which approved copy of this form is to be sent)  Radicess (Give address to which approved copy of this form is to be sent)  Radicess (Give address to which approved copy of this form is to be sent)  Radicess (Give address to which approved copy of this form is to be sent)  Radicess (Give address to which approved copy of this form is to be sent)  Radicess (Give address to which approved copy of this form is to be sent)  Radicess (Give address to which approved copy of this form is to be sent)  Radicess (Give address to which approved copy of this form is to be sent)  Radicess (Give address to w	Eva C. Bline	ary wo a	pemar	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Address (Give address to which approved copy of this form is to be sent)		, 0	140	- Want
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cit   Or Condensate   Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casignhead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casignhead Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)  El Gas   Address (Give address to which approved copy of this form is to be sent)  El Well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  No Change  Pool  Name of Producing Formation  Total Depth  P.B.T.D.  No Change  TUBING, CASING, AND CEMENTING RECORD  Total Depth SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  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 all able for this depth or be for full 24 hours)  No Change  Length of Test  Tubing Pressure  Casing Pressure  C	Unit Letter;;	60 Feet From The Novel	Line and 660 Feet From	The USA
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)  Nome of Authorized Transporter of Casignhead Gas or Dry Gast Address (Give address to which approved copy of this form is to be sent)  Nome of Authorized Transporter of Casignhead Gas or Dry Gast Address (Give address to which approved copy of this form is to be sent)  El Wall produces oil or liquids, give location of tonics.  If well produces oil or liquids, give location of tonics.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  No Change  Pool  Name of Producing Formation  Total Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  TEST DATA AND REQUEST FOR ALLOWABLE  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 all able for this depth or be for full 24 hours)  No Change  Length of Test  Tubing Pressure  Casing Pr		22-	32 E	- County
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 Cas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  **Real Production of Inquids**, Unit Sec. Typ. Is gas actually connected? When \$882.53\$  If well produces out or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commentingling order number:  **COMPLETION DATA**  Designate Type of Completion — (X)  Date Spudded  No Change  Nome of Producting Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING, CASING, AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING, AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  TUBING CASING AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  Tubing Casing Pressure  Choke Size  Choke Size	Line of Section 30 ,	Township 835 Range	3/E, NMPM,	County
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 Cas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  **Real Production of Inquids**, Unit Sec. Typ. Is gas actually connected? When \$882.53\$  If well produces out or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commentingling order number:  **COMPLETION DATA**  Designate Type of Completion — (X)  Date Spudded  No Change  Nome of Producting Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING, CASING, AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING, AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  TUBING CASING AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  Tubing Casing Pressure  Choke Size  Choke Size			1	
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 Cas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  **Real Production of Inquids**, Unit Sec. Typ. Is gas actually connected? When \$882.53\$  If well produces out or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commentingling order number:  **COMPLETION DATA**  Designate Type of Completion — (X)  Date Spudded  No Change  Nome of Producting Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING, CASING, AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING, AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  TUBING CASING AND CEMENTING RECORD  TOP OIL/Gas Pay  Tubing Depth Set  TUBING CASING AND CEMENTING RECORD  Tubing Casing Pressure  Choke Size  Choke Size	DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL	GAS C	I was of this form in to be conti-
If well products oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spadded  No Change  Name of Producing Formation  Total Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  No Change  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size	Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which appr	over copy of this form is to be sent)
If well produces oil or liquids, give location of tends.  If this production is commingled with that from any other lease or pool, give commencing order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  No Change  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  No Change  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size	None			
If well produces oil of liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  No Change  Pool  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  No Change  Length of Test  Tubing Pressure  Casing Pressure  Chake Size	Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which app	<i>(1)</i>
If well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  No Change  Pool  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  No Change  Length of Test  Tubing Pressure  Casing Pressure  Chike Size	50 Parallation	2 Flax Company	P.O. Box 1384 40	<u> </u>
If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  No Change  No Change  No Change  No Change  Tubing, CASING, AND CEMENTING RECORD  Tubing Size  Tubing Size  CASING & Tubing Size  Tubing Size  Test must be after recovery of total volume of load oil and must be equal to or exceed top allowed to this depth or be for full 24 hours)  No Change  Tubing Pressure  Casing Pressure	C Garring	Unit Sec. Trp.	is gas actually connected?	
If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  No Change  Pool  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  TUBING 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 exceed top allowed to the first least of the second of the sec	If well produces oil or liquids, give location of tanks.		) res	Unknown
Designate Type of Completion — (X)  Date Spudded No Change  Pool  Name of Producing Formation  Tubing Casing, AND CEMENTING RECORD  Tubing Size  Tubing Size  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 alloweble for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  No Change  Length of Test  Tubing Pressure  Casing Pressure			7	
Designate Type of Completion — (X)  Date Spudded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.    No Change   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth    Perforations   Depth Casing Shoe    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 exceed top allowed by the strength of Test   Producing Method (Flow, pump, gas lift, etc.)    No Change   Casing Pressure   Casing Pressure   Choke Size    Water Phis   Gas-MCF		with that from any other lease or po	or, give commanging order names.	
Date Spudded No Change  Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  TUBING CASING & TUBING SIZE DEPTH SET SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks No Change Length of Test Tubing Pressure Casing Pr			New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'
Date Spudded No Change  Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations  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 exceed top allowable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks No Change  Length of Test Tubing Pressure Casing Pressure Choke Size  Water Phile Gas - MCF	Designate Type of Compl	etion — (X)		
No Change  Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations  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 exceed top allowed to the forthis depth or be for full 24 hours)  Date First New Oil Run To Tanks No Change  Length of Test Tubing Pressure Casing Pressure Choke Size  Water Phile  Gas-MCF			Total Depth	P.B.T.D.
Perforations  TUBING, CASING, AND CEMENTING RECORD  TUBING CASING & TUBING SIZE  TOBOTH SET  TOBOTH SE	-			
Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Run To Tanks NO Change  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Gas-MCF		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
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 exceed top allowable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks No Change  Length of Test Tubing Pressure Casing Pressure Casing Pressure  Weter Phile Gas - MCF	Pool	Name of Producting 1 officialism		•
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 exceed top allowable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks No Change  Length of Test Tubing Pressure Casing Pressure Gas-MCF	; 			Depth Casing Shoe
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  No Change  Length of Test  Tubing Pressure  Casing Pressure  DEPTH SET  SACKS CEMENT  SA	Perforations		•	Sapin Gaing Gibs
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  No Change  Length of Test  Tubing Pressure  Casing Pressure  DEPTH SET  SACKS CEMENT  SA			<u> </u>	
TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  No Change  Length of Test  Tubing Pressure  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Gas-MCF		TUBING, CASING,	AND CEMENTING RECORD	
OIL WELL    Date of Test   Date of Test   Producing Method (Flow, pump, gas lift, etc.)     No Change   Length of Test   Tubing Pressure   Casing Pressure   Casing Pressure   Cas - MCF	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
OIL WELL  Date of Test  No Change  Length of Test  Tubing Pressure  Able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  Weters Phle  Gas - MCF				
OIL WELL  Date of Test  No Change  Length of Test  Tubing Pressure  Able for this depth or be for full 24 hows)  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Cas - MCF				
OIL WELL  Date of Test  No Change  Length of Test  Tubing Pressure  Able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  Weters Phle  Gas - MCF				
OIL WELL  Date First New Oil Run To Tanks  No Change  Length of Test  Tubing Pressure  Date for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  Weters Phle  Gas - MCF				
OIL WELL  able for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  No Change  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Gas-MCF		PEOP ALLOWADIE	he after recovery of total volume of load of	il and must be equal to or exceed top all
Date First New Oil Run To Tanks  No Change  Length of Test  Tubing Pressure  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Casing Pressure  Gas-MCF		I FUK ALLUWABLE (lest must able for this	s depth or be for full 24 hours)	
No Change  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Water-Rble  Gas-MCF				lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size  Water-Rhie Gas-MCF	L .		·	
Length of 1951  Water-Phile Gas-MCF		Tuhing Processes	Casing Pressure	Choke Size
Actual Prod. During Test Oil-Bbis. Water-Bbis. Gas-MCF	Length of Test	I nond Liesame		
Actual Prod. During Test Oil-Bbls.			a contract of the contract of	
	The second secon		Makes Bhis	Gas - MCF

VL CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

**GAS WELL** 

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Length of Test

Tubing Pressure

	•	
$\mathcal{M}$		
VIDE	1. Kinker	
- elvige	(6:	
1:	(Signature)	 

District Prod. & Drlg. Supt.

(Title) (Date)

SUPERVISOR DISTRICT This form is to be filed in compliance with RULE 1104.

Bbls. Condensate/MMCF

Casing Pressure

APPROVE

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

OIL CONSERVATION COMMISSION APR 10 1979

Gravity of Condensate

Choke Size

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