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| and address of previous owner <u>SUN_IEXAS_CUMPANY, P.U. Box 4067, Midland, IX_79704</u> II. <u>DESCRIPTION OF WELL AND LEASE</u> Lease Name Farnsworth 4 (SWD) 7 Langley-Mattix State, Federal or Fee State, Federal or Fee Face Location Unit Letter F <u>1980</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>26-S</u> Rance <u>37-E</u> <u>NMPM</u> , Lea II. <u>DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this for Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this for If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When it his production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion – (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (<i>DF, RKB, RT, CR, etc.,</i> Name of Producing Formation Top Oil/Gas Pay Tubing Depth </u> | county rm is to be sent) |
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| V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal | |
| OIL WELL Itest must be appendent of body bit and must be equal able for this depth or be for full 24 hours) Date First 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 Prod. During Test Cil-Bbis. Water-Bbis. Gas-MCF | ·• |
| | |
| GAS WELL | |
| Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Conde | ensate |
| Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size | |
| 1. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMIS | SSION |
| I hereby certify that the rules and regulations of the Oil Conservation | , 19 |
| Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. By Forry Sasten | |
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| | |
| If this is a request for allowable for a newly | y drilled or deepene |
| (Signature) Production/Proration Supervisor Well, this form must be accompanied by a tabulat tests taken on the well in accordance with RUL | E 111. |
| (Title) All sections of this form must be filled out c able on new and recompleted wells. | completely for allow |
| July 1, 1981 Fill out only Sections I, II, III, and VI for | r changes of owner |
| (Date) well name or number, or transporter, or other such Second Earth Forms C-104 must be filed for an | |