	WO. DF COPIFE RECEIVED       DISTRIBUTION       SANTA FE       FILE       U.S.G.S.       LAND OFFICE       TRANSPORTER       OFERATOR       PRORATION OFFICE	REQUEST I	ONSERVATION COMM. JON OR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 AS
	Operator Doyle Hartman Address Post Office Box 1042( Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership X	Change in Transporter of: Oil X Dry Gas Casinghead Gas Conden	Other (Please explain)	
	DESCRIPTION OF WELL AND I Lease Name R. O. Gregory Location Unit Letter <u>M</u> ; 330	EASE Well No. Pool Name, Including Fo 3 Langlie Matti Feet From The South Line	x-7 Rivers-	cr Fee Federal LC-054667
	Name of Authorized Transporter of Oil The Permian Corp. Name of Authorized Transporter of Cas El Paso Natural' Gas If well produces oil or liquids, give location of tanks.	Inghead Gas X or Dry Gas C CO. Unit Sec. Twp. P.go. O 33 25 37	P.O. Box 1183 Houston, Address (Give address to which approv North A at Wadley <u>Two Petroleum Center, Su</u> Is gas actually connected? Yes 10	TX 77001 ed copy of this form is to be sent) 79705 ite 200, Midland, TX
v.	If this production is commingled wit <u>COMPLETION DATA</u> Designate Type of Completio Date Spuddød Elevations (DF, RKB, RT, GR, etc.) Perforations	h that from any other lease or pool, Oil Well Gas Well n - (X) Date Compl. Ready to Prod. Name of Producing Formation	give commingling order number: New Well Workover Deepen Total Depth Top O!1/Gas Pay	Plug Back Same Res'v. Diff. Res'v.
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST F( OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	OR ALLOWABLE (Test must be a able for this de Date of Test Tubing Pressure Oil-Bbis.	fter recovery of total volume of load oil o pth or be for full 24 hours) Producing Method (Flow, pump, gas lif Casing Pressure Water-Bbls.	
	GAS WELL Actual Fred. Test-MCF/D Testing Mathad (pilot, back pr.)	Length of Test Tubing Processo (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condenecte Choke Size
71.	I. CERTH-ICATE OF COMPLIANCE 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 beat of my knowledge and belief.		BYEddie W. Seay TITLEOil & Gas Inspector	
	Administrative Assistant (Title) June 6, 1984 (Dute)		<ul> <li>This form is to be filed in compliance with RULE 1104.</li> <li>If this is a request for allowable for a newly dilled or deepened well, this form must be accompanied by a tabulation of the deviation teste taken on the well in accordance with RULE 111.</li> <li>All acctions of this form must be filled out completely for allowable on new and accoupleted wells.</li> <li>Fill out only Sections I, U. III, and VI for changes of condition, well name or number, or transporter of other such change of condition.</li> </ul>	



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