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Appropriate District Office
DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

#### SIZE OF LICH MICHAU F 39, Minerals and Natural Resources Departme

Form C-104 Revised 1-1-89 See Instruction

DISTRICT II P.O. Drawe DO, Asiesia, NM \$4210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Overlog		0 112				. 100 111		Well	API No.		
ARCO OIL & GAS COM	PANY							3	0 025	2099	3
Address P. O. BOX 1710	HOBBS	, NEW	MEX	(ICO		88240				· · · · · · · · · · · · · · · · · · ·	
Reason(s) for Filing (Check proper box)						∑ on×	a (Please expl	lais)			
New Well		Oberge is			xf: ☐	וד מתג	RANSPORT	FR (GAS)	1		
Racompletion	Oil Outstand		Dry (	ies leosate		100 11	ICHIOT OILT	Lit (OND)	,	<u> </u>	
Change is Operator	Casinghead	ر_ د	COLO								
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL.	AND LEA	SE	T=		<del></del>			Y in A	of 1 ann	NML	- No
Lazze Name			1			ng Formation		026	of Lause Pederal or Fea		32510B
SOUTH JUSTIS UNIT		28 Co				INERRY TI					
Unit LetterH	:_/6	70	Fed !	From T	be C	W THE LINE	100	Z M	earrounine.	<u> </u>	1100
Section 35 Township	25	<u> </u>	Rang	<u> </u>	37 1	E , N	лрм,	L	EA		County
III. DESIGNATION OF TRAN		OF OI	L A	ND N	ATU	RAL GAS	eddress to w	hich approved	copy of this fo	rm is to be se	<del>∞</del> ()
Name of Authorized Transporter of Oil TEXAS NEW MEXICO P	<u>የ</u> ላሳ						x 2528				
Name of Authorized Transporter of Casing	bead Gas	$\square$	or Dr	y Gas		Astron Cin	1226 6 y	hich approved	copy of picts	rm is to be se	re()
SID RICHARPSON CAR	BON PROFI	189148	E C	<u>:</u> -		P. O. Ba	$0 \times 3000$	_Tulsa,	-0k. 741	.02	
If well produces oil or liquids,		Sec.	Twp	ļ	Rge	is gas actually	( ००कान्द्रस्थी?	When	7		
ly location of tanks.  If this production is commingled with that f					raninel	Yes	er.			<del></del>	
IV. COMPLETION DATA	rom any oute	MAR W )	, , ,	<b>J.V.</b>							
Designate Type of Completion		Oil Well		Gas W	/eII	New Well	Workover	Deepes.	Plug Back	Same Res'v	Diff ResV
Data Spudded	Date Compl.	Ready to	Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	rmatic	 X0		Top OlivCas P	yy y		Tubing Dept	h	
Perforations	<u> </u>								Depth Casin	Shoe	<del></del>
Pendancia											
					AND	CEMENTIN			<del>, , , , , , , , , , , , , , , , , , , </del>	100000514	
HOLE SIZE	CAS	NG & TU	BING	SIZE			DEPTH SET			ACKS CEMI	ENI
									ļ		
									<u> </u>		
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	E 4 - 7	س د	ha amad to or	enced too all	mable for thi	e death ar be f	or full 24 hou	rs.)
OIL WELL (Test most be after to	Date of Test		of loos	OU AN	а жил	Producing Me	thod (Flow, p	emp, gas lift, e	sc.)	, ,	
Date First New Oil Rua To Tank	Date of Lear										
Length of Test	Tubing Press	LITE				Casing Pressu	re		Choke Size		
Actual Prod. During Test	Oil - Bbls					Water - Bbla.			Gas- MCF		
	]					l				<del></del>	
GAS WELL Actual Prod Test - MCF/D	Length of Te	×d.				Bbls Condens	BIEMONCE		Gravity of C	cocesses	
							785		Choke Size		
Testing Method (pitot, back pr.)	Tubing Press	eure (Shut-	·in)			Casing Pressi	ue (2004-18)		CICRE SIZE		
VL OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE	;		DIL CON	ISERV.	ATION I	DIVISIO	N
I have carried that the rules and restill	cions of the C	NI Conserv	YBLIOS					1061117	****	3,1,0,0	\ \ \ \
Division have been complied with and to is true and complete to the best of my k	hat the inform	POTOR BIME	12 BOO	76		Data	Approve	d 111	1 1 0 4	າກາ	
						Date	Approve	<b>~</b> <del>∪</del> U	<del>L 13  </del>	193	
famil Cys	m					By_				** v 1.8	
JAMES COGBURN	OPERATI	ONS C		DINA	TOR			•			
Printed Name	/***		Title			Title.				<del></del>	
6/21/93	(505) 3	191-16 Taka	21_ phone	No.							
Data			-								

INSTRUCTIONS: This form is to be filed in compliance with Rule 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.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Rubmit 5 Copies
Appropriate District Office
DISTRICT 1 O. Box 1980, Hobbs, NM 88240

# State of New Mexico Energy, Minerals and Natural Resources Department

63813

DISTRICT B P.O. Drawer DD, Arlesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM	HEQUES	T FOR ALLO				-	I		
Operator		TIDATOL OF		27410 147	1101010		API No.	<del></del> -	
ARCO 011 and	Gas Company			·	<del></del>		30	-025-20	993
Address			102/1	1710					
P.O. Box 1/10 Reason(s) for Filing (Check proper	) - Hobbs, New	Mexico 8	8241	-1/10 X Ou	ner (Please exp	ain) Cha	nga Wall	Name F	rom
New Well		nge in Transporter	of:	40	•	GRA	GORYA	Name F.	гош 12. <b>22-</b> /
Recompletion	Oil	Dry Gus		-,,,			* '		
Change in Operator	Caringhead Gas			<del></del>	<del></del>	Eff	ective:	1/1/	93
If change of operator give name and address of previous operator	MERILIAI	V QU.	<del>Inc</del>						<del></del>
II. DESCRIPTION OF W						<del></del>		· · · · · · · · · · · · · · · · · · ·	
Lease Name		No. Pool Name,		-		0	of Lease Federal or Fe		ease No.
South Justis Unit	"" 2	o Justis	BILL	nebry Tu	ibb Drink	ard			032510
	: 1650	Feet From 7	The N	ARTH Lin	e and	<u> </u>	ect From The	EAST	Line
Section 35 To	ownship 25S	Range	371	E , N	мрм,	Lea	1		County
III. DESIGNATION OF T	RANSPORTER O	FOIL AND N	ATUR	RAL GAS					
Name of Authorized Transporter of		onden sate	1	Address (Gin	e address to wh	ich approved	copy of this fo	orm is to be s	out)
Texas New Mexico P		<u></u>		P.O. B	ox 2528	- Hobbs	NM 8	8241-25	28
Name of Authorized Transporter of		or Dry Gas			e address to wh		-		int)
Sid Richardson Car  Y well produces oil or liquids,  jive location of tanks.	bon and Gaso I Sec.	Twp		is gas actually	ox 1226 connected? ES	When			
fibis production is commingled with		e or pool, give cor	reninglis				PINNE		
V. COMPLETION DATA	Oil	Well Cas W	/eII	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Resv
Designate Type of Comple		!		Total Doorb		· <del></del> -	ĹÍ		<u>i</u>
Data Spudded	Date Compl. Rea	dy to Prod.		Total Depth			P.B.T.D.		
Clevations (DF, RKB, RT, GR, etc.)	Name of Producin	g Formation		Top Oil/Gas P	ay .	<del></del>	Tubing Dept	<del></del>	<del></del>
terforations							Dorth Co.		
GIVI AJOUR							Depth Casing	2006	
	TUBIN	IG, CASING	AND C	EMENTIN	G RECORE	)	<u>'                                     </u>		
HOLE SIZE		TUBING SIZE		DEPTH SET			SACKS CEMENT		
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							_		<del></del>
. TEST DATA AND REQ				_					
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ere trust teen Oil Vittl 10 14th	Date of 1em			rosseing ivies	~ (1 mm, p=1)	r, <b>200 191, 6</b> 0	••		
cagth of Test	Tubing Pressure		C	acing Pressure	;		Choke Size		
ctual Prod. During Test	Oil - Bbls.		W	Vater - Bbla.			Gas- MCF		
A O STROST					<del></del>				
CAS WELL  CRUSH Prod. Test - MCF/D	Length of Test		В	bls. Condensa	Le/MMCF		Gravity of Cor	vieneste	<del></del>
The last Motion									
sting Method (pitot, back pr.)	Tubing Pressure (S	hut-ma)	C	asing Pressure	(Shut-in)		Choke Size		
L OPERATOR CERTIF	TCATE OF COM	IPLIANCE	<u> </u>			·	<b>TION</b> =		
I hereby certify that the rules and r	egulations of the Oil Con	servation		O	IL CONS	EHVA			V
Division have been complied with is true and complete to the best of				<b>.</b>			JAN I	3 1993	
/	0 0 1	1		Date A	Approved			<del></del>	<del></del>
September 1	V. Cesta		-	Ву	कुंग्रस । अ	and the second	isopy ork	TONA	
James D. Coghurn - Printed Name	Operations Co	ordinator Tale	-	Title	3 <del>64</del> \$1 €	0.5 € \$ \$° / <sup>†</sup>	e v ar i	***	

INSTRUCTIONS: This form is to be filed in compliance with Rule 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.

(505) 391-1600 Telephone No.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

it 5 Copies poriste District Office STIRCT | O. Box 1980, Hobbs, NM 88240

### State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L		TOTR	ANSP	ORT O	L AND NA	ATURAL G		A BY LY		
Operator ARCO 011 and G	as Compai	าง					Wel	APINo.	)-025- <i>20</i>	0993
Address				000/	1 1710					
P.O. Box 1710		New Me	x1co	8824	X O	her (Please exp	lain) Cha	nge Woll	Namo E	
Reason(s) for Filing (Check proper b	σ <b>x</b> )	Change is	a Transcor	ner of:	(1)	(		_		
New Well	Oil	Citalge	Dry G				GAL	GOMY,	FFDERA	'L H-1
Recompletion		ad Gas	_ •		<b>-</b> , ·		ree.	2011201	1/1/	43
Change in Operator (X)  If change of operator give name			Color				EIL	ective:	1///	<i></i>
and address of previous operator								<del></del>	<del>-</del>	
II. DESCRIPTION OF WE	LL AND LE	ASE	T=	<del></del>			Visa	of Lease	<del></del>	
Lesse Name South Justis Unit	" <i>J</i> "	2.8			ing Formation Inebry T	ubb Drink	0.44	, Federal or F		Lease No.
Location Unit Letter		50	_ Feet Fro	om The 🛭	VORTH Lin	e and _33	<i>D</i>	eet From The	EAST	Line
	naship 25	SS	Range	37	E N	мрм,	Lea	a		County
III. DESIGNATION OF TR	ANCDADTI	70 AF A	II. ANI	n NATI	RAL GAS					
Name of Authorized Transporter of O		or Conder	neste		Address (Gir	ne address to wi	tich approve	copy of this	form is to be se	eri)
•	لما				1	3ox 2528				•
Texas New Mexico Pi Name of Authorized Transporter of C	peline Co	mpany	or Dry	Gas [		ne address to wh				
· · · · · · · · · · · · · · · · · · ·	-	للا	•		1	Box 1226		• • • •		
Sid Richardson Carb		soline <b> S</b> ∞c	Comp.	Rec		y connected?	When		)	
If well produces oil or liquids, rive location of tanks.	Unit	1 3ec.	l i.mbr	1 1		ES		VNKN	own	
f this production is commingled with		L	and sive	comming	ine order sumi	her		7		
IV. COMPLETION DATA	that from any ou	DET REASE OF	poor, gave	· containing	ing Oroce main				<del></del>	
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completi						<u> </u>	L	Ļ	l	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing Fo	ometica		Top Oil/Gas	Pay		Tubing Dep	ch .	
								Depth Casin		
Perforations								Deput Casis	ig since	
		TIRING	CASIN	GAND	CEMENTI	NG RECORI	)	<del>`</del>		<del></del>
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. TEST DATA AND REQU	JEST FOR A	LLOWA	BLE							
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Date First New Oil Run To Tank	Date of Te	<b>a</b>			Producing Me	thod (Flow, pun	rtp, gas igi, e	(c.)		
					Casing Pressu			Choke Size	-	
length of Test	Tubing Pre	sure			Carried Ficasor					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL			·	I		<del></del>		L	· <del> , - , ,</del>	
ctual Prod. Test - MCF/D	Length of	Tool		I	Bbls. Condens	ate/MMCF		Gravity of C	ondensate	<del></del>
					O B	- /(Sand la)		Choke Size		
seting Method (pitot, back pr.)	Tubing Pre	saure (Shut-	m)	.'	Casing Pressu	£ (2014-10)		Croce Size		•
L OPERATOR CERTIF	CATE OF	COMP	[ [ A N]	TF						
				-L		IL CON	SERVA	TION [	DIVISIO	N
I hereby certify that the rules and re- Division have been complied with a	guistions of the	mation eives	a spons							
is true and complete to the best of I	ny knowledge an	d belief.			Data	Annround				
	0	1		l.	Date.	Approved				<del></del>
/_ 10	1 (/			ļ	_	•				
Signifier					By					<del> </del>
James D. Coghurn -	Operation	ns_Coor	cdinat	اعما						
Printed Name	•	•	Title	1	Title					
1/1/93	}	(505) 3		00						
Date		Telepi	hone No.	l!						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

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Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

# State of New Mexico Energy, Minerais and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

### OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artema, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 37504-2088

I.		-0 T				<del></del> -		IZATION			
Operator				PORT O	IL AND	NATU	JRAL G		API No.		
Address	MERI:	DIAN O	IL I	ΧС.				- · · · · · · · · · · · · · · · · · · ·	<u> 30-925-</u>	<u> </u>	
	<u> 2.</u>	<u>0.</u> 30:	X 51	810,	MIDLA	ŞD.	-4	971018	3.1.0		
Reason(s) for Filing (Check proper in New Well	bax)						Please em				
Recompletion	Oil	Change	_iDry.C	corner of:							
Change in Operator 🔀	Caring	head Gas 🔀	<i>≠ '</i>								
If change of operator give name and address of previous operator	UNION TH	EXAS PET	ROLE	UM COR	P: P.O.	BOX	2120;	: HOUSTO	ON, IX	77252	
II. DESCRIPTION OF WE				<u> </u>							
Gregory Federal	11)			Name, Inclu		lot	,		of Lease Federal or F		<b>≥≥ No.</b> 32510B
Unit Letter H	:	1650	Feat F	rom The _	Z	Line ar	u 230	) ,	eet From The	Ξ	
Section 35 Tow	vouship 2	 25s	Range	2.	7E			r	carrioniine		Line
II. DESIGNATION OF TR					<del></del> -	<u>, NMP</u>	м, .	<u>.ea</u>			County
Name of Authorized Transporter of C Texas New Mexico Pi	אל ייע	or Conde	DEKE		Address	Give a	<b>क्षा 10 %</b> १५०८	nich approve	NM 882	form is to be s	eni)
lams of Authorized Transporter of C	•	I K	or Dry	Gas i						form is to be s	
SID RICHARDSON CA			<u>.                                      </u>		+201 M	ain	street	, Ft. W	orth, T	X 76102	
well produces ou or liquids, ve location of tanks.	Unit	Sec.	Twp	Rge	is gas act	nally oc	nnected?	When	?		
this production is commingled with	that from any	Other lease or	2001 82	We commine	line order e						
V. COMPLETION DATA			proc, gr	ve comming	ming Order n	un de .			·	<del></del> -	
Designate Type of Complete	ion - (X)	Oil Well		Gas Weil	New W	ell   W	orkover	Deepea	Plug Back	Same Res'v	Diff Resiv
ate Spudded	Date Co	mpi. Ready to	Prod.		Total Dep	×b.		I	P.B.T.D.	<u> Д</u>	
levanons (DF, RKB, RT, GR, etc.)	Name of	Producing Fe			Top Oil/C	as Pav				<u> </u>	
						,			Tubing Dep	×th	
erforations				<del></del>			<u>-</u>		Depth Casin	ng Shoe	
-		TUBING,	CASI	NG AND	CENCEN	TTD 16	RECOR	D			
					CEMEN	HNG					
HOLE SIZE	С	ASING & TO	JBING S		CEMEN		PTH SET			SACKS CEM	ENT
HOLE SIZE	C	ASING & TU	JBING S		CEMEN		PTH SET			SACKS CEM	ENT
HOLE SIZE	С	ASING & TU	JBING S		CEMEN		PTH SET			SACKS CEM	ENT
					CEMEN		PTH SET			SACKS CEM	ENT
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TEST DATA AND REQUIL WELL Test must be after the First New Oil Run To Tank	JEST FOR	ALLOW A	ABLE	SIZE	be equal to	OF exce	ed top allo	wable for thu	s depih or be		
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TEST DATA AND REQUIL WELL Test must be after the First New Oil Run To Tank	DEST FOR er recovery of Date of T	ALLOW A total volume of the second se	ABLE	SIZE	be equal to Producing Casing Pre	or exce	ed top allo	wable for thu	choke Size		
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TEST DATA AND REQUIL WELL Test must be affected First New Oil Run To Tank  Ingth of Test  AS WELL  That Prod. Test - MCF/D  That Method (puot, back pr.)  I. OPERATOR CERTIFIES  I hereby cerufy that the rules and rese	Date of T  Tubing P  Oil - Bbli  Length of  Tubing P	ALLOW/ total volume / cst  ressure  Test  COMP  COMP  COL Conserve	BLE of load of	oil and must	be equal to Producing Casing Pre Water - Bb	or exce Method	MMCF	mable for the	Choke Size  Gravity of C  Choke Size	for full 24 hone	75.)
TEST DATA AND REQUIL WELL Test must be affected First New Oil Run To Tank  Ingth of Test  Italian Prod. During Test  AS WELL  Italian Prod. Test - MCF/D  Italian Method (puot, back pr.)  I. OPERATOR CERTIFIED Interests of the rules and results on the policy of the pulses and results on the policy of the pulses and results on the policy of the policy	Date of T  Tubing P  Oil - Bbli  Length of  Tubing P	ALLOW/ total volume / cest  Test  Castire  Complete  Coll Conserve  Test of Conserve  Test of Conserve	BLE of load of	oil and must	be equal to Producing Casing Pre Water - Bb	or exce Method	MMCF	swable for the smp, gas lift, e	Choke Size  Gas-MCF  Gravity of C  Choke Size	for full 24 hone	N
TEST DATA AND REQUIL WELL Test must be affined from New Oil Run To Tank ringth of Test runal Prod. During Test runal Prod. Test - MCF/D runal Prod	Date of T  Tubing P  Oil - Bbli  Length of  Tubing P	ALLOW/ total volume / cest  Test  Castire  Complete  Coll Conserve  Test of Conserve  Test of Conserve	BLE of load of	oil and must	be equal to Producing Casing Pre Water - Bb	or exce Method	MMCF	swable for the smp, gas lift, e	Choke Size  Gas-MCF  Gravity of C  Choke Size	for full 24 hors	N
TEST DATA AND REQUIL WELL Test must be after the First New Oil Run To Tank angth of Test that Prod. During Test that Prod. During Test that Prod. Test - MCF/D that Prod. Test	Date of T  Tubing P  Oil - Bbli  Length of  Tubing P	ALLOW/ total volume / cest  Test  Castire  Complete  Coll Conserve  Test of Conserve  Test of Conserve	BLE of load of	oil and must	Date Producing Producing Pre-	or exce Method	MMCF hus-in)	serve	Choke Size  Choke Size  Choke Size  Choke Size	for full 24 hora	N
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TEST DATA AND REQUIL WELL Test must be after the First New Oil Run To Tank and Prod. During Test  AS WELL  That Prod. Test - MCF/D  Tang Method (puot, back pr.)  I. OPERATOR CERTIFI  I hereby certify that the rules and ref Division have been complied with an is true and complete to the best of me	Date of T  Tubing P  Oil - Bbli  Length of  Tubing P	ALLOW/ total volume of the search of the sea	BLE of load of	oil and must	be equal to Producing Casing Pre Water - Bb  Bols. Cond Casing Pre	or exce Method	MMCF hus-in)  CON	SERVA	Choke Size  Gravity of C  Choke Size	for full 24 hora	N

INSTRUCTIONS: This form is to be filed in compliance with Rule 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.
- 3) Fill out only Sections I. II., III., and VI for changes of operator, well name or number, transporter, or other such changes.