

OIL AND MINERALS DEPARTMENT		OIL CONSERVATION DIVISION		Form C-104 Revised 10-1-70	
P. O. BOX 2088		SANTA FE, NEW MEXICO 87501		RECEIVED	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		AUG 12 1980		O. C. D. ARTESIA, OFFICE	
TEC EXPLORATION, INC.					
3027 Briargrove, San Angelo, Tx. 76901					
Reason(s) for filing (Check proper box)			Other (Please explain)		
New Well <input type="checkbox"/>			Change in Transporter of:		
Recompletion <input type="checkbox"/>			Oil <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>			Casinghead Gas <input type="checkbox"/>		
			Dry Gas <input type="checkbox"/>		
			Condensate <input type="checkbox"/>		
Effective July 1, 1980					
If change of ownership give name and address of previous owner					
Southland Royalty Company, 1100 Wall Towers West, Midland, Tx. 79701					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Continental B State		2		Artesia (Q.G.S.A.)	
Kind of Lease		State, Federal or Fee		Lease No.	
State		Federal		E-4201	
Location					
Unit Letter: 990 Feet From The South Line and 330 Feet From The West					
Line of Section: 30 Township: 17S Range: 29E, NMPM, Eddy County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input type="checkbox"/>			or Condensate <input type="checkbox"/>		
Shut-In			Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>			or Dry Gas <input type="checkbox"/>		
			Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.			Unit Sec. Twp. Rge.		
			Is gas actually connected? When		
If this production is commingled with that from any other lease or pool, give commingling order number					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
New Well		Workover		Deepen	
Plug Back		Same Res'v.		Diff. Res'v.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
				P.B.T.D.	
Elevations (DF, RAB, RT, GR, etc.)		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	
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
				Gas-MCF	
GAS WELL					
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Grav. of Condensate		Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)	
				Casing Pressure (Shut-in)	
				Choke Size	
CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
Jack Lubb					
(Signature)					
President					
(Title)					
8-1-80					
(Date)					
OIL CONSERVATION DIVISION					
AUG 12 1980					
APPROVED					
BY W. A. Gressitt					
TITLE SUPERVISOR, DISTRICT II					
This form is to be filed in compliance with RULE 1104.					
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.					
All sections of this form must be filled out completely for allowable on new and recompleted wells.					
Fill out only Sections I, II, III, and VI 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.					