

DISTRIBUTION
 STATE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I. Operator
 GEORGE E. COLEMAN
 Address
 DRAWER 3337 FARMINGTON, NEW MEXICO 87401
 Reason(s) for filing (Check proper box)
 New Well ☐ Change In Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐
 Other (Please explain)

If change of ownership give name and address of previous owner
 JOEL B. BURR JR. 300 W. ARRINGTON, SUITE 300 FARMINGTON, N. MEX

II. DESCRIPTION OF WELL AND LEASE
 Lease Name ROBINSON-COLEMAN Well No. 2 Pool Name, Including Formation FRANCISCAN LAKE MESA VERDE Kind of Lease FEDERAL Lease No. NM1 5646
 Location
 Unit Letter B C 330 Feet From The NORTH Line and 2310 Feet From The WEST
 Line of Section 13 Township 20 N Range 6 W , NMPM, MCKINLEY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☒ or Condensate ☐
 MERIT OIL CORPORATION Address (Give address to which approved copy of this form is to be sent)
 300 W. ARRINGTON, SUITE 300 FARMINGTON, N.MEX.
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
 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 B Sec. 13 Twp. 20N Rge. 6W Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. 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, RKB, 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 SACKS CEMENT

V. 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 Choke Size
 Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF
 GAS WELL
 Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE 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 best of my knowledge and belief.
 R. D. SIMMONS
 AGENT
 12/18/78
 (Signature)
 (Title)
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED 12-21-1978, 19
 Original Signed by A. R. Kendrick
 BY
 TITLE SUPERVISOR DIST. 84
 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.

