

LICENSE NO. \_\_\_\_\_  
 STATE OF NEW MEXICO  
 LAND OFFICE  
 TRANSPORTER OIL / GAS /  
 OPERATOR \_\_\_\_\_  
 REGISTRATION OFFICE \_\_\_\_\_

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 710  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
 Supersedes Old O-104 and O-105  
 Effective 1-1-65

**NOEL REYNOLDS**  
 Address: **Box 356, FLORA VISTA, NEW MEXICO, 87415** Phone **334-3760**  
 Reason(s) for filing (Check proper box) Other (Please explain)  
 New Well  Change in Transporter of:  
 Recombination  Oil  Dry Gas   
 Change in Ownership  Castinhead Gas  Condensate

Change of ownership give name and address of previous owner: **ELLSBERRY AND KREATCHMAN, DALLAS, TEXAS**

**DESCRIPTION OF WELL AND LEASE**  
 Lease Name: **E K** Well No.: **1** Pool Name, including Formation: **S. SAN LUIS-MESAVERDE** Kind of Lease: **FEDSE** Lease No.: **08111E**  
 Location: Unit Letter **A** : **891** Feet From The **N** Line and **573** Feet From The **E**  
 Line of Section **33** Township **18 N** Range **3 W** , NMPM, **SANDOVAL** County

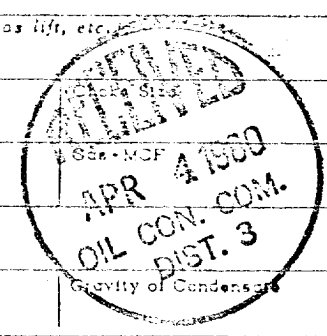
**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
**SHRIETWAY FARMINGTON, N.M.**  
 Name of Authorized Transporter of Castinhead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
 Well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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 Restv. Diff. Restv.  
 Date Spudded **9-21-65** Date Compl. Ready to Prod. **9-22-65** Total Depth **620** P.B.T.D.  
 Deviations (DF, RAB, RT, GR, etc.) **6520 GR** Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
 Deviations Depth Casing Shoe

**TUBING, CASING, AND CEMENTING RECORD**  

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>6 1/4"</b>	<b>2 7/8"</b>		

**TEST DATA AND REQUEST FOR ALLOWABLE** (Text 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.



**TEST WELL**  
 Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
 Pumping Method (pump, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Casing Size

**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 is true and complete to the best of my knowledge and belief.  
**Noel Reynolds**  
 Operator  
 4-4-80

OIL CONSERVATION COMMISSION  
**APR 4 1980**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY **Original Signed by FRANK T. CHAVEZ**  
 SUPERVISOR DISTRICT #3  
 TITLE \_\_\_\_\_  
 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 O-104 must be filed for each pool in multiply completed wells.