Form C-102 Supersedes C-128 Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section Well No. Operator Range Rio ARRIBA Unit Letter Actual Footage Location of Well: feet from the CAST line Dedicated Acreage: Producing Formation Ground Level Elev. 160 Acres Pictured 7197 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? DEC 22 1879 If answer is "yes," type of consolidation If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commis-CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. This 160 Agre proration unit lwas approved by commission order I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief. Date Surveyed Registered Professional Engineer and/or Land Surveyor Certificate No. 1320 1650

MULTIPOINT ONE POINT BACK PRESSURE TEST FOR GAS WELL



Type Test Date															
Initial Annual				nal	Special 11-25-25										
Connect				onnection , ♥,	ection										
POOL TOUTHERT ALCOLOG UNCONNECTE						<u> </u>									
Company Connection Connection Connection Connection Connection Connection Connection Formation Formation Formation Pactures CI-FFS Completion Date Total Depth Plug Back TD Elevation							_	Unit							
Completion Date Total Depth				1.40	Plug Back TD						or Lease Nan	· · · · · · · · · · · · · · · · · · ·			
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						From To						24 2	5N 4W		
Type Well - Single - Bradenhead - G.G. or G.O. Multiple					Packer Set At					County	County				
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1					Med	in Annual						l l			
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22	2 />	<u></u>	EL O	W DATA				 1					- No	00/-	
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4.															
5.	l				l										
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4.		DEC	92						+						
5.									1						
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2.				Spe	Specific Gravity Flowing Fluid XXXXX										
3. 4.				Crtt	Critical PressureP.S.I.AP.S										
5.						Crit	ical Tempe	rature					. R	R	
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NO. OF COPIES RECEIVED	5										
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104								
SANTA FE	1	REQUEST FOR ALLOWABLE	Supersedes Old C-104 and Effective 1-1-65								
FILE	1 1	AND	2								
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
LAND OFFICE											
TRANSPORTER GAS	+,-										
OPERATOR	2										
PRORATION OFFICE			OFFIRE								
Operator	0	1 Company									
Address Box	460	Hobbs New Mexico	292 1975								
Reason(s) for filing (Check	Reason(s) for filing (Check proper box) Other (Please explain)										
New Well		Change in Transporter of:	CON. COM								
Recompletion		Oil Dry Gas	DIST 3 /								
Change in Ownership		Casinghead Gas Condensate									
If change of ownership given and address of previous o	ve name wner										
1. DESCRIPTION OF WE	LL AND L	EASE	Legse								
Lease Name AXI ADACHE	: M	Well No. Pool Name, Including Formation So. Blanco lictured Cliffe State, Federal or Fe									
Location			- 40 -								
Unit Letter A	820	Feet From The NOT Line and 940 Feet From The	EAST								
Oint Letter	_ /	\circ \circ \circ \circ									
Line of Section	Town	ship 25 N Range 4W , NMPM, 170 AVII) a Cou								
U DESIGNATION OF TR	ANSPORT	ER OF OIL AND NATURAL GAS									
Name of Authorized Transp	orter of Oil	or Condensate									
him at litherized Transr	orter of Cast	nghead Gas or Dry Gas Address (Give address to which approved co	py of this form is to be sent)								

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

Date Compl. Ready to Prod.

Name of Producing Formation

3726

CASING & TUBING SIZE

11-3.75

Pictured

85/8

Date of Test

Oil-Bbls.

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.

(Signature)

75

Date)

itait, (Title)

Tubing Pressure

Length of Test

3 hrs

Tubing Pressure (Shut-in)

1/8

Gas Well

Fidelity
Is gas actually

New Well

TUBING, CASING, AND CEMENTING RECORD

otal Depth

Top Oil/Gas Pay

3677

3914

225

3914

Connected?

Workover

DEPTH SET

(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)

Name of Authorized Transporter of Casinghead Gas ____ or Dry Gas [___

If well produces oil or liquids, give location of tanks.

10-7-75 Elevations (DF, RKB, RT, GR, etc.)

7197 GR

12/4

63/4

Date First New Oil Run To Tanks

Actual Prod. During Test

Actual Prod. Test-MCF/D

1040 AOF
Testing Method (pitot, back pr.)

back pressure T. CERTIFICATE OF COMPLIANCE

Designate Type of Completion -(X)

3677-3680

V. TEST DATA AND REQUEST FOR ALLOWABLE

HOLE SIZE

IV. COMPLETION DATA

Date Spudded

Perforations

OIL WELL

Length of Test

GAS WELL

UNION GAS Unit

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

Lease No.

County

DALLAS TX 75201

Plug Back | Same Res'v. Diff. Res'v.

SACKS CEMENT

Tower

P.B.T.D.

3914

Tubing Depth

3914

Depth Casing Shoe

230 sk s

1755KS

Producing Method (Flow, pump, gas lift, etc.)						
Casing Pressure	Choke Size					
Water - Bbls.	Gas-MCF					
Bbls. Condensate/MMCF	Gravity of Condensate					
Casing Pressure (Shut-in) 900	Choke Size 3/4					
OIL CONSERVATION COMMISSION						
APPROVED DEC 22 1975 . 19, 19						
DRIGINAL SIGNED BY N. E. MAXWELL, JR.						
TITLE PETROLEUM ENGINEER DIST. NO. 3						
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.						