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| 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

| | | |
|---|--|--|
| Operator International Oil & Gas Corporation | | |
| Address 825 Petroleum Club Building, Denver, Colorado 80202 | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> | <i>Same name & well no. change</i> |
| Recompletion <input type="checkbox"/> | | |
| Change in Ownership <input type="checkbox"/> | | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|-------------------------|---|---|
| Lease Name Burns Federal | Well No. 1-11 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter A 790 Feet From The North Line and 790 Feet From The East Line of Section 5 , Township 26N Range 7W , NMPM, Rio Arriba County | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------------------|--------------------|-------------------|--|----------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> McWood Corporation | Address (Give address to which approved copy of this form is to be sent) Oil & Gas Building, Box 330, Abilene, Texas. | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Company | Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower Building 1507 Pacific Avenue, Dallas, Texas. | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 5 | Twp. 26N | Rge. 7W | Is gas actually connected? Yes | When September 8, 1965 |

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 <input type="checkbox"/> | Gas Well <input checked="" type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Restv. <input type="checkbox"/> | Diff. Restv. <input type="checkbox"/> |
| Date Spudded 6-6-64 | Date Compl. Ready to Prod. 7-8-64 | | Total Depth 7390' RKB | | P.S.T.D. 7363' RKB | | | |
| Pool Basin Dakota | Name of Producing Formation Dakota | | Top Oil/Gas Pay 7147' RKB | | Tubing Depth 7267' RKB | | | |
| Perforations 7148-54', 7204-11', 7246-58', 7286-7322' | | | | | Depth Casing Shoe 7390' RKB | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 12 1/2" 7-7/8" | CASING & TUBING SIZE 8-5/8" OD 4 1/2" OD 2-3/8" OD | | DEPTH SET 267' RKB 7390' RKB 7267' RKB | | SACKS CEMENT 135 350 None | | | |

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-Bbls. |

GAS WELL

| | | | |
|---|----------------------------------|--------------------------------------|--|
| Actual Prod. Test-MMCF/D 4555 | Length of Test 3 hours | Bbls. Condensate/MMCF None | Gravity of Condensate Oil - 60.0 API |
| Testing Method (pitot, back pr.) 1 pt. BP | Tubing Pressure 373 | Casing Pressure 891 | Choke Size 3/4" |

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.

Wm. F. Schwenn
(Signature)

Wm. F. Schwenn, District Engineer
(Title)

September 8, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 13 1965**, 19

BY **Original Signed Emery C. Arnold**

TITLE **Supervisor Dist. # 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 Sections I, II, III, and VI only 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 tested wells.