NO. OF COPIES RECEIVED		10	
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u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	9	
OPERATOR		7	
PRORATION OFFICE			

I.

11.

III.

IV.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

DESCRIPTION OF WELL AND LEASE Lease Name Well No. Poc. Name, Including Formation Kind of Lease State, Federal or Fee Feet Prom. The Description Line and 1980 Feet From The Description Line and 1	Lease No.
TRANSPORTER OIL TRANSPORTER CAS 7 OPERATOR PROBATION OFFICE Operator Galf Oil Composition Address P. C. Dox 570, Bobbs, Now Isolate S3240 Reconcile for filing (Check proper box) New Well Change in Ownership Change in Transporter of: Oil Dry Gas Galf Oil Composition New Well Change of ownership give name Price of Address of previous owner DESCRIPTION OF WELL AND LEASE Lecale Name West Kisti Unit 120 Feet From The North Line and 1980 Feet From The Least Line of Section 30 Township DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Note of Authorized Transporter of Oil On NATURAL GAS Note of Authorized Transporter of Oil On NATURAL GAS Note of Authorized Transporter of Oil On NATURAL GAS Note of Authorized Transporter of Oil On NATURAL GAS Note of Authorized Transporter of Oil On NATURAL GAS Note of Authorized Transporter of Oil On NATURAL GAS Note of Authorized Transporter of Oil	Lease No.
OPERATOR PROBATION OFFICE CORPORATION EFFECTIVE 12/31/69 ORDORATION OFFICE CORPORATION EFFECTIVE 12/31/69 Address P. C. Dox 570, Bobbo, Cox 1800.00 232/0 Reason(s) for filing (Check proper box) New Well Change in Transporter of: OII Dry Gos Castery Condensate Transporter of: OII Dry Gos Condensate Transporter of: OII Change of ownership give name Condensate Transporter of: OII Dry Gos Condensate Visit Unit 120 DESCRIPTION OF WELL AND LEASE Letter B : 660 Feet From The North Line and 1980 Feet From The Laste Condensate Transporter of Coll of Condensate Transporter of Coll of Condensate Transporter of Coll of Condensate Well No. Fool Name, Including Formation Ohit Letter B : 660 Feet From The North Line and 1980 Feet From The Laste Condensate Transporter of Coll of Condensate Address (Give address to which approved copy of this form in 1982) Line of Section 30 Township Township Transporter of Coll of Condensate Coll of Condens	Lease No.
PROBATION OFFICE CORPORATION EFFECTIVE 12/31/09 Address Galz Oli Corporation Address Reson(1) for filing (Check proper box) New Well Change in Transporter of: Oli Dry Gas Condensate Congent in Carp truly effective Las DAP's West Misti Unit West Congent of Congent	Lease No.
Comparison Com	Lease No.
Address P. C. DOX 570, Hobbs, Lex Lender S22/1 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Change in Coverence of Condensate	Lease No.
Respon(s) for filing (Check proper box) New Well Change in Transporter of: Change in Condensate Dry Gas Condensate In Carputratic Part Indian Unit Well Change in Condensate Dry Gas Condensate In Carputratic Part Indian Unit Well Change in Condensate In Carputratic Part Indian Unit Well Change in Condensate In Carputratic Part Indian Unit Well Change of conversal Part Indian Unit Well Change of conversal Part Indian Unit Well Change in Condensate In Carputration Unit Well Change of conversal Part Indian Unit Well Condensate In Carputration Unit Well Condensate In Carputration Unit Well Condensate In Carputration Well Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Foundly Feet From The Pass Foundly State, Federal or Fee Foundly Feet From The Pass Foundly State, Federal or Fee Foundly Feet From The Pass Foundly State, Federal or Fee Foundly Feet From The Pass Foundly State, Federal or Fee Foundly Feet From The Pass Foundly Feet From The Pass Foundly State, Federal or Fee Foundly Feet From The Pass Foundly	Lease No.
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Change in Ownership Casinghead Gas Condensate Light Next Mistal Unit Next Condensate Light Next Condensate Light Next Condensate Light Next Mistal Unit Next Mis	Lease No.
If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Poo. Name, Including Formation With Letter B : 660 Feet From The North Line and 1980 Feet From The Least Line of Section 30 Township Range 151 NMPM, Stit. Julia 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 1000 Authorized Transporter of Cosinghead Gas or Dry Gas Address (Give address to which approved copy of this form is 1000 Authorized Transporter of Cosinghead Gas or Dry Gas Address (Give address to which approved copy of this form is 1000 Authorized Transporter of Cosinghead Gas or Dry Gas Is gas actually connected? When give bostnots of tracks. If well 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 R Designate Type of Completion — (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cil/Gas Pay Tubing Depth Depth Casing Shoe	Lease No.
DESCRIPTION OF WELL AND LEASE Lease Name Well No. Poo. Name, Including Formation Well No. Poo. Name, Including Formation State, Federal or Fee Foc. 120 Date Special State Unit 120 Feet From The DOTTH Line and 1980 Fee	Lease No.
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Section 30 Township Range State, Federal or Fee Fee Form The DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Ordensate Address (Give address to which approved copy of this form is NAME NAME	Lease No.
Well No. Pool Name, Including Formation Kind of Lease	County
Designation State Color	County
Unit Letter B 660 Feet From The north Line and 1980 Feet From The east Line of Section 30 Township Range North NATURAL GAS Designation of Transporter of Oil Or Condensate Or Condensate Or Address (Give address to which approved copy of this form is NOTE NATURAL INVESTIGATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is NATURAL INVESTIGATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is NATURAL INVESTIGATION OF TRANSPORTER OF OIL AND NATURAL GAS If well produces oil or liquids, Out Sec. Twp. Rge. Is gas actually connected? When give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: Completion Data	
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Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe	<u> </u>
Perforations Depth Casing Shoe	
Depth Casing Snoe	
Depth Casing Snoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CE	MENT
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or	
OIL WELL able for this depth or be for full 24 hours)	exceed top allow
Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	
Length of Test Tubing Pressure Casing Pressure Choke Size	
Chicago Size	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF	
GAS WELL Actual Prod. Test-MCF/D	
Actual Prod. Test-MCF/D Length of Test C'3 CO Bbls. Condensate/MMCF Gravity of Condensate	
AUS ON. 3	
Actual Prod. Test-MCF/D Length of Test Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Stuting 1) Casing Pressure (Shut-in) Choke Size CERTIFICATE OF COMPLIANCE	
CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	NI
210 0 1000	IN
hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given Original Signed by Emery C	• •
above is true and complete to the best of my knowledge and belief. By Olighidi Digited by Efficiency C.	19
TITLE SUPERVISOR DIST. #3	19
This form is to be filed in compliance with RUL	19
This form is to be filed in compliance with RUL If this is a request for allowable for a newly dril	19Arnold

VI.

AN BANGER S	
 (Signature)	
 Arm Productive Passager	
(Title)	

7-28-00

(Date)

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