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| SANTA FE           | 1           |   |  |  |  |
| FILE               | 1           |   |  |  |  |
| U.S.G.S.           |             |   |  |  |  |
| LAND OFFICE        | LAND OFFICE |   |  |  |  |
| IRANSPORTER        | OIL         | 1 |  |  |  |
| IRANSFORTER        | GAS         |   |  |  |  |
| OPERATOR           |             | 1 |  |  |  |
| PRORATION OF       |             |   |  |  |  |

## NEW MEXICO OIL CONSERVATION COMMISSION

|  | SANTA FE  | /  |                 | REQUEST FOR ALLOWABLE<br>AND                   |                                |                                     |                |   |              |               | Supersedes Old C-104 and C-110 |             |               |
|--|---|--|-----------------|--|--------------------------------|-------------------------------------|----------------|---|--------------|---------------|--------------------------------|-------------|---------------|
|  | FILE  | /_   | -               |  |                                |                                     |                |   |              |               | Effective 1-1-6                | i.J         |               |
| ŀ  | U.S.G.S.  |  | <del> -</del> - | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |                                |                                     |                |   |              | GA5           |                                |             |               |
| ŀ  |   | OIL /  | +               |  |                                |                                     |                |   |              |               |                                |             |               |
|  | TRANSPORTER -   | GAS  |                 |  |                                |                                     |                |   |              |               |                                |             |               |
|  | OPERATOR  | /  |                 |  |                                |                                     |                |   |              |               |                                |             |               |
| 1.   | PRORATION OFFI  | CE   |                 |  |                                |                                     |                |   |              |               |                                | -           | <del></del>   |
|  | Operator  | ulloch   | 011             | Corporat                                       | ton of (                       | aliforn                             | de             |   |              |               |                                |             |               |
|  | Address   |  |                 |  |                                |                                     |                |   |              |               |                                |             |               |
|  | 924   | Annsp  | n Bui           | lding, M                                       | idland,                        | Taxes ?                             |                |   |              |               |                                |             |               |
|  | Reason(s) for filing (C   | heck prop  | er box)         |  |                                |                                     | Ot             | her (Please o   | explain)     |               |                                |             |               |
|  | New Well Recompletion   | =  |                 | Change ir<br>Oil                               | n Transporter                  | of:<br>Dry Ga                       |                |   |              |               |                                |             |               |
|  | Change in Ownership   | -  |                 | Casinghe                                       | ad Gas                         | -                                   | nsate 🗶        |   |              |               |                                |             | Ì             |
| İ  |   |  |                 |  |                                |                                     |                | <del></del>   |              |               | <del> </del>                   |             |               |
|  | If change of ownersh<br>and address of previous   |  |                 |  |                                |                                     |                |   |              |               |                                |             |               |
|  | ·   |  |                 |  |                                |                                     |                |   |              |               |                                |             |               |
| II.  | DESCRIPTION OF  | WELL.  | AND L           | Well No.                                       | Pool Name,                     | Including F                         | ormation       | T   | Kind of Lea  | se            |                                | Lease       | No.           |
|  |   | Pederal "A"  |                 |  | 1 Dagin Dakut                  |                                     |                |   | State, Feder | ral or Fee    | or Fee Federal \$7078213       |             |               |
|  | Location  |  |                 |  | -                              |                                     |                |   |              |               |                                |             |               |
|  | Unit Letter   | ; !  | 990             | Feet Fro                                       | om The 80                      | i <b>th</b> Lin                     | ne and         | <u> </u>  | _ Feet From  | The           | west                           |             |               |
|  |   | 96   | <b></b>         |  |                                | Range                               | 13W            | , NMPM,   |              |               | San Juan                       | Co          | ounty         |
|  | Line of Section   | 25   | Town            | snip   | 200                            | nunge                               | 4.38           | , MMPM,   |              |               | man & days                     |             |               |
| III.   | DESIGNATION OF  | TRANS  | PORT!           | ER OF OIL                                      | AND NAT                        | URAL GA                             | ıs             |   |              |               |                                | . ,         | ,,            |
|  | Name of Authorized T  | ransporter   | of Oil [        | or C   | ondensate 🎚                    | •                                   | Address (Gi    |   |              |               | of this form is                |             |               |
|  | 'Name of Authorized T   |  |                 | l & Refi                                       |                                |                                     | 1              |   |              |               | of this form is                |             |               |
|  | Name or Authorized T  | runsporter   | or Casi         | ngnedd Gds [_                                  | - 01 D1 A                      |                                     |                |   |              | <b>F</b> 7    |                                | -,          |               |
|  | If well produces oil o  | r Hauide   |                 | Unit Sec                                       | , -                            | Rge.                                | 1              | illy connected  | d? W         | hen .         |                                |             |               |
|  | If well produces oil of give location of tanks  |  |                 | N 2  | 5 301                          | K 13W                               | 706            | .,  | l            |               | 3-22-61                        |             |               |
|  | If this production is   |  | led with        | that from an                                   | ny other lea                   | se or pool,                         | give commin    | igling order  | number:      |               |                                |             |               |
|  | COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. |  |                 |  |                                |                                     |                |   |              |               |                                |             |               |
|  | Designate Type  | e of Com   | pletion         |  |                                | !                                   |                | 1   | 1            | 1             | (                              | ;<br>;      |               |
|  | Date Spudded  | .,,  |                 | Date Compl. i                                  | Ready to Pro                   | d.                                  | Total Depth    | 1   |              | P.B.T.        | D.                             |             |               |
|  |   |  |                 |  |                                |                                     | <u> </u>       |   |              |               |                                |             |               |
|  | Elevations (DF, RKB   | , $RT$ , $GR$ ,  | etc.j           | Name of Prod                                   | lucing Forma                   | tion                                | Top Oil/Ga     | s Pay   |              | Tubing        | ⊔eptn                          |             |               |
|  | Perforations  |  | 1               |  |                                |                                     |                |   |              | Depth (       | Casing Shoe                    |             |               |
|  | Certotations  |  |                 |  |                                |                                     | ·              |   |              |               |                                |             |               |
|  |   |  |                 |  |                                | JBING, CASING, AND CEMENTING RECORD |                |   |              |               |                                |             |               |
|  | HOLE  | SIZE   |                 | CASING   | G & TUBIN                      | G SIZE                              | +              | DEPTH SE  | т            |               | SACKS CEMENT                   |             |               |
|  |   |  |                 |  |                                |                                     |                |   |              | +             |                                | <del></del> | -             |
|  |   |  |                 |  |                                |                                     |                |   |              |               |                                |             |               |
|  |   |  |                 |  |                                |                                     |                |   |              |               |                                |             |               |
| V.   | TEST DATA AND   | REQUE  | ST FO           | R ALLOWA                                       | ABLE (T                        | est must be d                       | after recovery | of total volum  | ne of load o | il and must   | be equal to or                 | exceed to   | p allow       |
| - •  | OIL WELL  |  |                 | Date of Test                                   | ao                             | te for this d                       | eptn or oe jor | full 24 hours,<br>Method (Flow  | ,            |               |                                |             |               |
|  | Date First New Oil F  | tun To Tar   | ik 5            | Date of Test                                   |                                |                                     |                | Producing Marines 12 tour, pempy and 1999   |              |               |                                |             |               |
|  | Length of Test  |  |                 | Tubing Pressure                                |                                |                                     | Casing Pre     | Casing Pressure   |              |               | Choke Size                     |             |               |
|  |   |  |                 |  |                                |                                     |                |   |              |               | 6F174N                         | <i>L4</i> + |               |
|  | Actual Prod. During Test  |  |                 | Oil-Bbls.                                      |                                |                                     | Water - Bbls.  |   | Gas          | Gas MRLULI LD |                                |             |               |
|  |   |  |                 |  |                                |                                     |                |   |              |               | MADT                           | 1966        | +             |
|  | GAS WELL  |  |                 |  |                                |                                     |                |   |              | {             |                                |             |               |
|  | Actual Prod. Test-MCF/D Length of Test  |  |                 |  |                                | Bbls. Condensate/MMCF G             |                |   | Gravet       | OIE COM       |                                |             |               |
|  |   |  |                 |  |                                |                                     |                |   |              | Disir         |                                |             |               |
|  | Testing Method (pitot, back pr.)  |  |                 | Tubing Pressure (Shut-in)                      |                                | Casing Pressure (Shut-in)           |                |   | Choke        | Choke Size    |                                |             |               |
|  |   |  |                 | <u> </u>                                       |                                |                                     | <del> </del>   | 011 0   | ONSER        | /ATION        | COMMISSIO                      | )N          |               |
| VI   | . CERTIFICATE 0   | CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation   |                 |  |                                |                                     |                |   |              |               |                                |             |               |
|  | T haraber carrifer sho  |  |                 |  |                                |                                     |                | APPROVED MAR 3 1966 , 19, 19  |              |               |                                |             |               |
| I hereby certify that the rules and regulations of the Of Commission have been complied with and that the in above is true and complete to the best of my knowle |   |  |                 | ish and that                                   | and that the information diven |                                     |                | BY Original Signe   |              |               | d Emery C. Arnold              |             |               |
|  |   |  |                 | Kuomteage                                      | nowledge and belief.           |                                     |                | Supervisor Dist. # 3  |              |               |                                |             |               |
|  | (N  |  |                 |  |                                |                                     |                |   |              |               |                                |             |               |
|  |   | mil Dans   |                 |  |                                |                                     |                |   | be filed i   | n complia     | nce with RUI                   | E 1104.     | · • • • • • • |
|  | - KTH   | The same of the sa |                 |  |                                |                                     |                | 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. Dist. Mgr.

(Title)

2-28-66 effective 3-11-66 (Date)

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.