| | | | _ |
|------------------------|-----|----------|----------|
| HO. OF COTTES RECEIVED | | | ب |
| DISTRIBUTION | | <u> </u> | ! |
| SANTA FE | | 1 | |
| FILE | | 1 | |
| U.S.G.S. | | | <u> </u> |
| LAND OFFICE | | L | <u> </u> |
| TRANSPORTER | OIL | , | |
| | GAS | 1 | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

| | SANTA FE / FILE / U.S.G.S. | REQUEST | ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | | | |
|----------------------|--|--|---|--|--|--|--|
| 1. | TRANSPORTER OIL / GAS / OPERATOR . PRORATION OFFICE | | | | | | |
| | J. Cregory Cerrion and Pobert 5. Bayless | | | | | | |
| | ddress | | | | | | |
| | P.6. Box 507, Parmington, Sew Texico 57401 Reason(s) for filing (Check proper box) Other (Please explain) Other (Please explain) Other (Please explain) | | | | | | |
| | Recompletion Change in Ownership | Oil Dry Gas Form 30 acre tract. Casinghead Gas Condensate | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | |
| 11. | DESCRIPTION OF WELL AND | Well No. Pool Name, Including Fo | ormation Kind of Lea | se Lease No. | | | |
| | Lease Name Carnanan Con Location | 1 Flora Vista | Saa Perie State, Feder | ral or Fee Federal | | | |
| | | Feet From The Lin | | | | | |
| | 2 | inding | | that County | | | |
| Ш. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Permium Corporation | or Condensate | S Address (Give address to which appr | oved copy of this form is to be sent) | | | |
| | Name of Authorized Transporter of Cas | | Address (Give address to which approved copy of this form is to be sent) | | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? W | Then 1942 | | | |
| IV. | If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. | | | | | | |
| | Designate Type of Completic | on – (X) | | Y 3 | | | |
| | Pebruary 10, 1972 | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. Tubing Depth | | | |
| | Elevations (DF, RKB, RT, GR, etc.) 5911 G/F Perforations | Name of Producing Formation ুঁক্ষম শূলহুর্ত্তি | 37(2) | 3780 Depth Casing Shoe | | | |
| | 376-101 TUBING, CASING, AND CEMENTING RECORD | | | | | | |
| | HQLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | 12 1/4 | 6 5/8 4 1/2 | 760 | 207 | | | |
| | 1 17. | 2.3/3 | 3730 | | | | |
| V. | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a | fter recovery of total volume of load or pth or be for full 24 hours) | il and must be equal to or exceed top allow- | | | |
| | OIL WELL 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 | Cal-Bbls. | Water - Bbls. | Gas-MCF | | | |
| | GAS WELL | <u> </u> | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| VI. | CERTIFICATE OF COMPLIAN | CE | OIL CONSERV | ATION COMMISSION | | | |
| | 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. | | BY ELLEWY Church TITLE Sup Part III | | | | |
| (| | | | | | | |
| 7 | KI SA | | This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | | | |
| | (1001) d'Isa | y/a | | | | | |
| Coerator (Signature) | | | well, this form must be accompanied by a tasken 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. | | | | |
| | (Title) | | 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 | | | | |

(Date)