Submit 5 Copies
Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

تحسمانا بحاجات والمساد gy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-22016 Geodyne Operating Company Address 320 South Boston - The Mezzanine, Tulsa, OK 74103 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator National Coop. Refinery Assoc., 415 W. Wall, Suite 2215, Midland, TX 79701 II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lease No. Lease Name State, XXXXXXXXXXXX Bagley State Bagley Permo Penn, North K-2604 Location 1980 С Feet From The West Line and 660 _ Feet From The North Line Unit Letter 16 Township 11-S 33-E County Range , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS is (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Texaco Trading & Transportation, Inc. P. O. Box 5568, Denver, Colorado 80217 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas [Warren Petroleum Company P. O. Box 1589, Tulsa, Oklahoma 74101 If well produces oil or liquids, Sec. When ? انونا Twp. is gas actually connected? give location of tanks. 16 11S | 33E Yes March 8, 1967 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Smidded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT . TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank 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- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VL OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JAN 14'92 is true and complete to the best of my knowledge and belief. Date Approved

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature

Date

Printed Nam

R.

HASH

16/ 91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By Oldon

Title _

2) All sections of this form must be filled out for allowable on new and recompleted wells.

V.P. OPERATIONS

(918) 583-5525

Title

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.