

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
NM-1197

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. CIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator SHELL WESTERN E&P INC.	8. Farm or Lease Name STATE SECTION 2
3. Address of Operator P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)	9. Well No. 15
4. Location of Well UNIT LETTER <u>K</u> <u>3546</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1650</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat WANTZ ABO
15. Elevation (Show whether DF, RT, GR, etc.) 3502' DF	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
	ALTERING CASING <input type="checkbox"/>
	PLUG AND ABANDONMENT <input type="checkbox"/>
	TEMPORARILY ABANDONED <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

2-06-87: Pulled prod equip.

2-07-87: Set CIBP @ 6925' & capped w/35' cmt. Circ'd inhibited wtr and temporarily abandoned well.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE MARCH 19, 1987

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 23 1987

FOLD BACK TO APPROVE IF ANY

(P. 171 20. 7. 2 88 E)

Expires 4-1-88

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MAR 23 1987

CCD  
ADDRESS OFFICE

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-75

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5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
NM-1197

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator SHELL WESTERN E&P INC.	8. Farm or Lease Name STATE SECTION 2
3. Address of Operator P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)	9. Well No. 15
4. Location of Well UNIT LETTER <u>K</u> <u>3546</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1650</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Whidect WANTZ ABO
15. Elevation (Show whether DF, RT, GR, etc.) 3502' DF	12. County LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> TEMPORARILY ABANDON	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

1. Pull prod equip.
2. Set CIBP @ 6925' and cap w/35' cmt.
3. Circ inhibited wtr and temporarily abandon well.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE FEBRUARY 11, 1987

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

FEB 18 1987

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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-75

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
NM-1197

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator SHELL WESTERN E&P INC.	8. Farm or Lease Name STATE SECTION 2
3. Address of Operator P. O. BOX 991, HOUSTON, TEXAS 77001	9. Well No. 15
4. Location of Well UNIT LETTER <u>K</u> <u>3546</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1650</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Whichever WANTZ ABO
11. Elevation (Show whether DF, RT, GR, etc.) 3502' DF	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>SQUEEZED TUBB, ACID FRACTED ABO</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 2-15-85: Set a RBP @ 6630'. Spot 3 sx 20-40 sand on top of RBP.
- 2-16-85: Tagged top of sand @ 6615'. Set a cmt retainer @ 6235'. Attempted to pump into Tubb perf's 6381' - 6500'. Could not pump into perf's.
- 2-18 to 2-19-85: Ran Baker plug plucker. Did not recover body of cmt retainer. Pushed fish to 6615'. Jarred down on fish w/tapered top. Rotated over fish w/washover mill. Did not recover fish.
- 2-20-85: Squeezed Tubb 6381' - 6500' w/100 sx Class "C" cmt containing .3% of Halad-9 followed by 100 sx Class "C" cmt w/2% CaCl<sub>2</sub>.
- 2-21-85: Tagged TOC @ 6245'. Washed down soft cmt to 6355'.
- 2-22-85: Drilled cmt from 6355' to 6500'. Pressure tested csg to 1000 psi, held OK. Fished for bottom of cmt retainer - did not recover.
- 2-23 to 2-25-85: Ran fishing tools. Recovered all of fish.

(CONTINUED ON REVERSE SIDE)

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED J. C. Sexton A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE MARCH 27, 1985  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APR - 1 1985

- 2-26-85: Circ'd hole w/2% KCl water. Retrieved RBP. Spotted 300 gals 20% NEA from 7260' to 6960'.
- 2-28-85: Ran GR/temp survey from 7400' to 6700'. Acid fractured Wantz Abo 7048' to 7255' w/40,000 gals of 20% Titan XL Acid/5 + 30% CO<sub>2</sub> + 2100# rock salt in gelled 10# brine.
- 3-01-85: Ran GR/Temp evaluation log from 6800' to 7500'.
- 3-04-85: Installed production equipment and returned well to production as a single zone Wantz Abo producer.

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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-75

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DISTRIBUTION	
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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
NM-1197	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. CIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator SHELL WESTERN E&P INC.	8. Farm or Lease Name STATE SECTION 2
3. Address of Operator P. O. BOX 991, HOUSTON, TEXAS 77001	9. Well No. 15
4. Location of Well UNIT LETTER <u>K</u> , <u>3546</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1650</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Widest TUBB - WANTZ ABO
11. Elevation (Show whether DF, RT, GR, etc.) 3502' DF	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>SQUEEZE TUBB, ACID FRAC ABO</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work; SEE RULE 1103.

1. Set a RBP @  $\pm 6650'$ . Set a cmt retainer @  $\pm 6250'$ .
2. Squeeze Tubb 6381'-6500' w/100 sx Class "C" cmt containing .3% of Halad-9 followed by 100 sx of Class "C" cmt w/2% CaCl<sub>2</sub>. WOC 24 hrs.
3. Drill out cmt and pressure test squeeze to 2000 psi. Clean out to PBTD (CIBP @ 7900').
4. Run base GR/Temp Survey.
5. Spot 20% Titan XL Acid/5 over Wantz Abo perf's 7048'-7255'. Set packer @  $\pm 6950'$ .
6. Acid frac the Wantz Abo 7048'-7255' w/40,000 gals of 20% Titan XL Acid/5 w/30% CO<sub>2</sub> + 2100# rock salt in gelled 10# brine.
7. Install production equipment and return well to production as a single zone Wantz Abo producer.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE FEBRUARY 13, 1985

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 18 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 18 1985

O.C.I.  
POLICE OFFICE



OIL CONSERVATION DIVISION  
P. O. BOX 2008  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	Shell Western E&P, Inc.
Address	200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner: Shell Oil Company, P.O. Box 991, Houston, Texas 77001

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	State Sec. 2	Well No.	15	Pool Name, including Formation	Tubb Oil And Gas	Kind of Lease	State, Federal or Fee	State	Lease No.
Location	Unit Letter <u>K</u> : <u>3546</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u>								
Line of Section	02	T. and R.	21S.	Range	37E	N.M.P.M.	Lea	County	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corporation	P.O. Box 1910, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company	P.O. Box 1137, Eunice, New Mexico 88231
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
No Change	Yes NA

If this production is commingled with that from any other lease or pool, give commingling order numbers

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

## V. 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)

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-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Attorney-in-Fact

December 1, 1983 Effective January 1, 1984

## OIL CONSERVATION DIVISION

JAN 31 1984

APPROVED \_\_\_\_\_, 12 \_\_\_\_\_

BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON

TITLE \_\_\_\_\_ DISTRICT SUPERVISOR

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 deviated 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 change 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 multiple completed wells.

RECEIVED  
JAN 19 1984  
O.C.D.  
HOBBS OFFICE

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
REGISTRATION	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

1. Operator

Shell Western E&P, Inc.

Address

200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner Shell Oil Company, P.O. Box 991, Houston, Texas 77001

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>State Sec. 2</u>	<u>15</u>	<u>Wantz Abo</u>	<u>State, Federal or Fee</u>	<u>State</u>
Location				
Unit Letter <u>K</u>	<u>3546</u>	Feet From The <u>North</u> Line and <u>16.50</u>	Feet From The <u>West</u>	
Line of Section <u>02</u>	T. <u>21S.</u>	Range <u>37E</u>	<u>NMPM</u>	Lea
County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipeline Corporation</u>	<u>P.O. Box 1910, Midland, Texas 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Getty Oil Company</u>	<u>P.O. Box 1137, Eunice, New Mexico 88231</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>No Change</u>	<u>Yes</u> <u>NA</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

## V. 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)

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-Bble.	Water-Bble.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]

Attorney-in-Fact

December 1, 1983 Effective January 1, 1984

(Signature)

(Title)

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 31 1984, 12BY ORIGINAL SIGNED BY JERRY SEXTONTITLE DISTRICT I SUPERVISOR

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If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

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