

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Baxter, Kelly H. Well API No. 3002522337

Address P. O. Box 11193, Midland, TX 79702

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Operator change effective 12/1/92

If change of operator give name
and address of previous operator

Argee Oil Company, 401 W. Texas, Suite 810, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. C. Hill "B" Well No. 2 Pool Name, including Formation Teague Blinebry Kind of Lease State, Federal or Fee Lease No. _____

Location
Unit Letter N 990 Feet From The South Line and 1650 Feet From The West Line
Section 27 Township 23 Range 37 NMPM Lea County

III. 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 to be sent) Shell Pipeline Company P. O. Box 2648, Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Sid Richardson Carbon & Gasoline Co. 201 Main Street, Fort Worth, TX 76102

If well produces oil or liquids, give location of tanks. Unit N Sec. 27 Twp. 23 Rge. 37 Is gas actually connected? Yes When? Unknown

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 v	Drill Res v
<u>X</u>	<u>X</u>							
Date Spudded <u>11/20/67</u>	Date Compl. Ready to Prod. <u>1/4/68</u>		Total Depth <u>6355</u>		P.B.T.D. <u>5888</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3293.4</u>	Name of Producing Formation <u>Blinebry</u>		Top Oil/Gas Pay <u>5308</u>		Tubing Depth <u>5590</u>			
Performances <u>5365-5462; 5504-5612; 5732-5866</u>					Depth Casing Shoe <u>6355</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>9 5/8</u>	<u>1066</u>	<u>450 circ</u>
<u>8 3/4</u>	<u>7</u>	<u>6355</u>	<u>550</u>
	<u>2 3/8</u>	<u>5590</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

L. Johnston

Signature L. Johnston

Agent

Printed Name 1/15/93 (915) 682-5492

Date 1/15/93 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved FEB 01 1993

By SIGNATURE OF JERRY SEXTON

DIVISION SUPERVISOR

Title _____

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.