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| STATE OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Cities Service Oil Company

Box 69 - Hobbs, New Mexico

| | |
|---|---|
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | Other (Please explain) Change well name from Carper-Wyatt-Federal #3 to Wyatt "B"-Federal #3 |
|---|---|

Change of ownership give name and address of previous owner James P. Dunigan - Abilene, Texas

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|--------------------------------|---------------------|-------------------------------|-----------|
| Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. | |
| Wyatt "B"-Federal | 3 | Corbin Abo-Abo Reef | State, Federal or Fee Federal | LC-062391 |
| M 880 Feet From The South Line and 660 Feet From The West | | | | |
| 34 Township 17S Range 33E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|---------|
| Approved 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) | | | | | |
| Texas-New Mexico Pipeline Co. | Box 1510 - Midland, Texas | | | | | |
| Approved 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) | | | | | |
| Phillips Petroleum Co. | Box 6666 - Odessa, Texas | | | | | |
| Well produces oil or liquids, gas or both <input checked="" type="checkbox"/> | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | P | 33 | 17S | 33E | Yes | 3-17-61 |

If 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. | Diff. Res'v. |
| | | | | | | | | |
| Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | | |
| Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | | | |
| | | | Depth Casing Shoe | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| PIPE 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)

| | | | |
|---|-----------------|------------|--|
| Producing Method (Flow, pump, gas lift, etc.) | | | |
| Tubing Pressure | Casing Pressure | Choke Size | |
| Oil - Bbls. | Water - Bbls. | Gas - MCF | |

GAS WELL

| | | |
|---------------------------|---------------------------|-----------------------|
| Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

District Admin. Supervisor

May 20, 1970

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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 deviation 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 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

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MAY 22 1970

OIL CONSERVATION COMM.
HOBBS, N. M.