

DISTRIBUTION	
SANFAPR	
FILE	
U.S.G.S.	
LAND 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
Superseding Form C-101 and C-
Effective 1-1-67

Operator <i>Quip Oil Corp.</i>	
Address <i>P.O. Box 670, Lordsburg, NM 88440</i>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name <i>L.A. "V-H" Lease</i>	Well No. <i>2</i>	Pool Name, including Formation <i>Box Springs</i>	Kind of Lease State, Federal or Free <i>18-4-86</i>
Location			
Unit Letter <i>M</i>	Feet From The <i>660</i>	Line and <i>South</i>	Feet From The <i>330</i>
Line of Section <i>7</i>	Township <i>18S</i>	Range <i>34E</i>	County <i>Lincoln</i>

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)		
<i>Jedco New Mexico, Inc.</i>	<i>Box 6608, Las Lunas, NM 87906</i>		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
<i>Phillips Petroleum Co.</i>	<i>4001 Fairbrook, Denver, CO 80231</i>		
If well produces oil or liquids, give location of tanks.	Unit <i>L</i>	Sec. <i>7</i>	Twp. <i>18S</i>
			Rge. <i>34E</i>
			Is gas actually connected? <i>Yes</i>
			When <i>10-4-84</i>

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug back
			Surge Res'n.
			Full Res'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.
Elevations (DF, RKB, RT, GR, 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

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 (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION 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.	APPROVED OCT 10 1984 , 19
<i>RDP</i> (Signature) AREA ENGINEER (Title) 10-4-84 (Date)	BY Eddie W. Seay TITLE Oil & Gas Inspector 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 available tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable to be considered complete. Fill out only Sections I, II, III, and IV for change of owner, well name or number, transporter, or other such change of condition.