

OIL AND NATURAL GAS 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

| | |
|-------------------|-----|
| DATE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator
Amstarco Production Company
 Address
P. O. Box 9317, Fort Worth, Texas 76107
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain) Placed into Tees Yates Unit effective January 1, 1971 - former lease name was Forest Federal - now Tract No. 10

If change of ownership give name and address of previous owner Reserve Oil & Gas Company, First Savings Bldg., Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|---|-----------------------------|
| Lease Name <u>Tees Yates Unit Tr. 10</u> | Well No. <u>2</u> | Pool Name, including Formation <u>Tees Yates Seven Rivers</u> | Kind of Lease State, Federal or Fee <u>Federal</u> | Lease No. <u>MM-0485</u> |
| Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>N</u> Line and <u>2310</u> Feet From The <u>W</u> Line of Section <u>14</u> Township <u>20S</u> Range <u>33E</u> , NMPM, <u>Tex</u> 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"/> <u>United Mexican Pipe Line Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas 79701</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | <u>N 14 20S 33E No</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 Restv. | Diff. Restv. |
| <input checked="" type="checkbox"/> | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.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 | | |
| | | | | | | | | |

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 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 |

OVER WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M. F. Nelson
 M. F. Nelson (Signature)
 District Superintendent
 (Title)
 January 15, 1971
 (Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19____
 BY [Signature]
 TITLE DISTRICT SUPERINTENDENT

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 certification.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JAN 1 1971

OIL CONSERVATION COM. 1.
HOUSTON, TEXAS