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| J.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
Supersedes Old C-104 and C-105
Effective 1-1-55

Reason(s) for filing (Check appropriate box):

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: Montford Oil Company, Box 212, Montford, N.M.

DESCRIPTION OF WELL AND LEASE

| | | | |
|-------------|--------------------------------|------------------------------|-----------------|
| Well No. | Pool Name, Including Formation | Kind of Lease | Lease |
| <u>92</u> | <u>Front Green</u> | State, Federal or Free State | <u>E-5553</u> |
| Section | Township | Range | Meridian |
| <u>35</u> | <u>19S</u> | <u>37E</u> | <u>N.M.P.M.</u> |
| Well Letter | Feet From The | Line and | Feet From The |
| <u>F</u> | <u>1980</u> | <u>North</u> | <u>1980</u> |
| | | | <u>West</u> |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Transporter (Oil or Gas or Condensate) | Address (Give address to which approved copy of this form is to be sent) |
| <u>Front Green Oil Co.</u> | <u>Box 212, Montford, N.M.</u> |
| Name of Transporter (Casinghead Gas or Dry Gas) | Address (Give address to which approved copy of this form is to be sent) |
| <u>Front Green Oil Co.</u> | <u>Box 212, Montford, N.M.</u> |
| If well produces oil, gas, or both, give location of API No. | Is gas actually connected? |
| <u>D 35 19 37</u> | <u>Yes</u> |

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

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|------------------|----------|--------------|-------|--------------|-------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Recompletion | Other | Same as Pool | Other |
| <u>(X)</u> | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | Surface | | | | | |
| | | | | | | | | |
| Flow (Oil, Gas, RT, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Feet | | | | | |
| | | | | | | | | |
| Perforations | | | From 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 fluid oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

| | | |
|-----------------------------------|-----------------|---|
| Date First New Oil Run to Surface | Date of Test | Producing Method (flow, pump, gas lift, etc.) |
| | | |
| Length of Test | Tubing Pressure | Casing Pressure |
| | | |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |
| | | |

GAS WELL

| | | | |
|--------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test (MMCF) | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Sealing Method (plug, back up) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Shut-in 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.

[Signature]
(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

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.