

AUTHORIZATION TO TRANSPORT OF NATURAL GAS

DISTRIBUTION	
SANTA FE	
FIELD	
LEGIS	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRORATION OFFICE	

1.

Operator
Harris & Walton

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check all that apply)

New Well	☐	Change in Transporter oil	☐	Effective 4/1/73
Recompletion	☐	Oil	☐	
Change in Ownership	☒	Casinghead Gas	☐	

If change of ownership give name and address of previous owner San D. Ares, Box 763, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

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Lease Name	Well No.	Prod. Name	Interval	Depth	Flow	Pressure	Lease No.		
Charles Whitten "B"	5	Jalmat - SWDW				Free			
Location									
Unit Letter	B	330	Feet from Top	North	2310	East			
Line of Section	4	Township	24 S	Range	36 E	Lea	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Condensate _____ Address _____
A copy of this form is to be sent)

None - Disposal Well

Name of Authorized Transporter of Worsingham Gas _____ or Dry Gas _____ Address _____
A copy of this form is to be sent)

If well produces oil or gas,
give location of tanks.

Tank No. _____ Size _____ Type _____

If this production is commingled with that from any other lease or pool, the production shall be allocated to this lease or pool on the basis of the relative acreage of this lease or pool to the total acreage of all leases or pools in the field.

IV. COMPLETION DATA

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after test for 100% of the well. If test is equal to or exceed top allowable for 100% of the well, then the test is acceptable.)

OIL WELL		Date for this test	
Date First New Oil Run To Tanks	Date of Test	Time of Day	
Length of Test	Tubing Pressure	Barrel Size	Well Size
Actual Prod. During Test	Oil-Bole	Water-Bole	

GAS WELL

GAS WELL		Well No. _____		Date _____	
Actual Prod. Test - MCF/D	Length of Test _____	Pressure (psi) _____		Quantity of Condensate _____	
Testing Method (pilot, back prod)	Testing Pressure (shut-in)	Testing Sequence _____		Casing 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.

Donna Heller

~~Agent~~

~~4/3/73.~~

1. The form must be filed in accordance with RULE 1104.

2. The form is to be filled out for allowable for a newly drilled or deepened well. The form is to be accompanied by a tabulation of the deviation logs for the well in accordance with RULE 111.

3. The form is to be filled out for must be filled out completely for allowable for a newly drilled well.

4. The form is to be filled out for changes of owner, changes of operator, changes of lease, or other such change of condition.

5. The form is to be filed for each pool in multiple.