

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LANDMARK PRODUCTION COMPANY  
P. O. Box 9317, Fort Worth, Texas 76107

Reason(s) for filing (check proper box):  
 New Well  
 Change in Transporter of:  
 Oil  Dry Gas  
 Casinghead Gas  Condensate  
 Change in ownership  
 Other (Please explain): Placed into Texas Yates Unit effective January 1, 1971 - former lease name was Turner-Federal - now Tr. No. 8

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

DESCRIPTION OF WELL AND LEASE

Well Name: Texas Yates Unit Tr. 8  
 Well No.: 2  
 Pool Name, including Formation: Texas Yates Seven Rivers  
 Kind of Lease: Federal  
 State, Federal or Fed. ID: I.C.-070311  
 Date Drilled: E, 1980  
 Feet From The North Line and 990 Feet From The West  
 Section: 13, Township: 20S, Range: 33E, County: [blank]

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate : Texas-New Mexico Pipe Line Company  
 Address (Give address to which approved copy of this form is to be sent): Box 1510, Midland, Texas 79701  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas : NONE  
 Address (Give address to which approved copy of this form is to be sent):

Is well producing oil or liquids, and location of tanks: Unit: E, Sec: 13, Twp: 20S, Rge: 33E, Is gas actually connected? No, When:

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	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
(X)								
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Formation	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
						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)

Oil Well	Gas Well
Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Depth of Test	Tubing Pressure
Actual Prod. During Test	Casing Pressure
Oil - Bbls.	Choke Size
Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.P. Nelson

(Signature)

Director (Superintendent)

(Title)

January 15, 1971

OIL CONSERVATION COMMISSION

APPROVED: IAN [Signature] 1971, 19

BY: [Signature]  
 TITLE: [Signature]

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 Sections I, II, III, and VI only for changes of owner, well name or number or transporter or other such change of condition.