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| | GAS |
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NEW MEXICO OIL CONSERVATION COMMISS.
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

I. OPERATOR
Operator **Dallas McCasland**
Address **c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas **Effective June 1, 1973**
Change in Ownership Castinghead Gas Condensate

If change of ownership give name **Cities Service Oil Company-800 Vaughn Bldg.-Midland, Texas 79701** and address of previous owner

II. DESCRIPTION OF WELL AND LEASE LC-030132-A

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------|----------------------------------------------------------|---------------------------|
| Lease Name Tom Closson | Well No. 4 | Pool Name, including Formation Eunice Seven Rivers Queen S. | Kind of Lease State, Federal or Fee Federal | Lease No. above |
| Location Unit Letter P 660 Feet From The South Line and 660 Feet From The East Line of Section 6 Township 22 S Range 36 E Lea 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"/> Texas-New Mexico Pipeline Company | Address (the address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79701 |
| Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Ashland Oil & Refining Company | Address (the address to which approved copy of this form is to be sent) Box 1503, Houston, Texas 77001 |
| If well produces oil or liquids, give location of tanks. | Unit J Sec. 6 Twp. 22S Rge. 36E Is gas actually produced? Yes When 11/24/53 |

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 | Wide Open | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | F.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pk | 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 structure 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 Ran 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 (pilot, 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.

[Signature]
Agent
(Title)
5/31/73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
When a request for allowable for a newly drilled or deepened well is made, it 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.