

NO. OF COPIES ISSUED	
DISTRIBUTION	
SANITARY	
FILE	
MAINT.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROVIDER OF FICE	

MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
 Supersedes OIL C-101 and C-111  
 Effective 1-1-65

Received by Ball - Lubric  
 Receiver's Address 401 N. Hill St., Dallas, Texas 75202  
 Other (Please explain) \_\_\_\_\_  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Decompletion  Coalbed Gas  Condensate   
 Change in Capacity

If change of ownership give name and address of previous owner \_\_\_\_\_

**A. DESIGNATION OF WELL AND LEASE**

Lease Name <u>ADY</u>	Well No. <u>5</u>	Section, Township, Range <u>11N 10E</u>	Kind of Lease <u>Lease</u>	Well No. <u>032501(c)</u>
Location _____	County _____	State, Federal or Free _____		
Unit Center <u>6</u> Feet From The _____	_____	_____	_____	_____
Line of Section <u>13</u> _____	_____	_____	_____	_____

**B. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authority <u>Western Oil Transportation Co.</u>	Address <u>Box 249, Hobbs, N.M. 58240</u>
City <u>Ucity Oil Co.</u>	State <u>TX</u>
Well No. <u>5</u>	Section <u>10</u>
Range <u>11E</u>	Township <u>10N</u>
County <u>10</u>	State <u>TX</u>
Effective Date <u>Jan. 3, 1969</u>	

If this production is commingled with that from any other leases or pools, give commingling order number: 402-1881 DHC-226

**C. COMPLETION DATA**

Well No.	Section	Range	Township	County	State	Completion Date	Completion Method	Completion Description
ADY 5	10	11E	10N	10	TX	Jan. 3, 1969	Decompletion	_____

**D. TEST DATA AND REQUEST FOR ALLOWABLE**

Well No. <u>ADY 5</u>	Section <u>10</u>	Range <u>11E</u>	Township <u>10N</u>	County <u>10</u>	State <u>TX</u>
Test Date <u>Jan. 3, 1969</u>	Test Type <u>Flow Test</u>	Test Description <u>Flow test with pump, gas out, etc.</u>			
Length of Test _____	Testing Pressure _____	Casing Pressure _____	Stroke Size _____		
Zone Being Tested _____	Perforations _____	Water Table _____	Gas-MOP _____		

**E. GAS TEST**

Well No. <u>ADY 5</u>	Section <u>10</u>	Range <u>11E</u>	Township <u>10N</u>	County <u>10</u>	State <u>TX</u>
Test Date _____	Test Type _____	Test Description _____			
Length of Test _____	Testing Pressure _____	Casing Pressure _____	Stroke Size _____		

**OTHER DATA OF COMPLIANCE**

I hereby certify that the data 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)*  
 \_\_\_\_\_  
 Date 1/4/77

**OIL CONSERVATION COMMISSION**

APPROVED: 1977  
 Signed by Jerry Sexton  
 Chf. & Surv.

TITLE \_\_\_\_\_  
 This form is to be filed in compliance with Rule 1104, M.O.C. for wells in the State of Texas and for wells in the State of Texas which are subject to the provisions of the M.O.C. for wells in the State of Texas. It is to be filed in the office of the Chief and Surveyor of the Oil Conservation Commission, Austin, Texas.