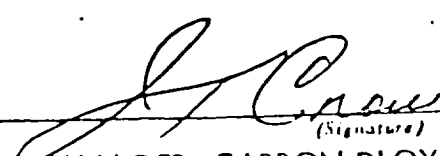


STATE		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER	OIL GAS				
OPERATOR					
PRODUCTION OFFICE					
Operator AmeriGas, Inc. SEC Div.					
Address P. O. Box 37, Solano, New Mexico 87746					
Reason(s) for filing (Check proper box)				Other (Please explain)	
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 S E C Corporation P. O. Box 9737 El Paso, Texas 79987					
DESCRIPTION OF WELL AND LEASE					
Lease Name	Well No.	Pool Name, Including Formation		Kind of Lease	Lease No.
Mitchell	13	Mitchell CO ₂ abo		State, Federal or Fee Fee	
Location					
Unit Letter	O	Feet From The	south	Line and	1986 Feet From The East
Line of Section	29	Township	19 N	Range	30 E , NMPM, Harding County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)				
none					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)				
AmeriGas, Inc. SEC Div. (We process our own gas)	same as above				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					Yes 1939 - 54
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
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations				Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)					
Date First New Oil Run 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/MMCF	Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION		
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.			APPROVED May 10, 1978		
 MANAGER, CARBON DIOXIDE PRODUCTION (Title) Mgr. Transportation & Safety (Date) May 3, 1978			BY Carl Mvog 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.		