

|                  |                |
|------------------|----------------|
| NO. OF COPIES    | 5              |
| DISTRIBUTION     |                |
| DATE             | 7/1            |
| FILE             | 7/1            |
| U.S.G.S.         |                |
| LAND OFFICE      |                |
| REPORTER         | OIL 7<br>GAS 7 |
| OPERATOR         | 7              |
| PROBATION OFFICE |                |

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

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

RECEIVED

MAY - 3 1978

Operator Joe Don Cook ✓

O. G. C.  
ARTESIA, OFFICE

Address P.O. Box 159, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Production ☐ Oil ☐ Condensate ☐  
Change in Ownership ☐ Casinghead Gas ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE  
FLAMED OFFER 7-1-78  
UNLESS AN EXCEPTION TO RULE 306  
IS OBTAINED

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                       |             |                               |                                  |                     |
|-----------------------|-------------|-------------------------------|----------------------------------|---------------------|
| Lease Name            | Well No.    | Pool Name Including Formation | Kind of Lease                    | Lease No.           |
| D. L. Hannifin - Fed. | 1           | Shugart 4-3A-6-6              | Federal<br>State, Federal or Fee |                     |
| Location              |             |                               |                                  |                     |
| Unit Letter L         | 330         | Feet From The west            | Line and 2110                    | Feet From The south |
| Line of Section /     | Township 19 | Range 31                      | NMPM,                            | Eddy County         |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil or Condensate <input type="checkbox"/>                                             | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Crude Oil Company                                                                                                 | Box 175, Artesia, NM 88210                                               |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Conoco Continental Oil Co.                                                                                               |                                                                          |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit 2 Sec. 1 Twp. 19 Rge. 31                                            |
| Is gas actually connected?                                                                                               | When 5-78                                                                |

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 <input checked="" type="checkbox"/> | Gas Well        | New Well <input checked="" type="checkbox"/> | Workover                | Deepen           | Plug Back | Same Resv. | Diff. Resv. |
| Date Spudded                         | Date Compl. Ready to Prod.                   | Total Depth     | P.B.T.D.                                     |                         |                  |           |            |             |
| 10-31-77                             | 4-28-78                                      | 4236'           | 4226                                         |                         |                  |           |            |             |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation                  | Top Oil/Gas Pay | Tubing Depth                                 |                         |                  |           |            |             |
| 3617GI-3627KB                        | Queen G                                      | 3482-84         | 4226'                                        |                         |                  |           |            |             |
| Perforations                         | 4102-10, 3482-84--3512-14                    |                 |                                              | Depth Casing Shoe 4226' |                  |           |            |             |
| TUBING, CASING, AND CEMENTING RECORD |                                              |                 |                                              |                         |                  |           |            |             |
| HOLE SIZE                            | CASING & TUBING SIZE                         |                 | DEPTH SET                                    |                         | SACKS CEMENT     |           |            |             |
| 10"                                  | 8 5/8 New                                    |                 | 671'                                         |                         | Circulated       |           |            |             |
| 7"                                   | 4 1/2 9.5#                                   |                 | 4226'                                        |                         | 375 sx Class "C" |           |            |             |

V. 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.) |            |
|                                 | 4/28/78         | Pump                                          |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| 24 hours                        |                 |                                               |            |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |
| 24                              | 33              | 5                                             | 28         |

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            |
|                                  |                           |                           |                       |

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.

OIL CONSERVATION COMMISSION

APPROVED MAY 8 1978  
BY W. A. Gressett  
TITLE SUPERVISOR, DISTRICT II

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 re-completed 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.

Secretary  
5-1-78  
(Date)