NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER -GAS OPERATOR RECEIVED PROFIATION OFFICE Alice Jarber vil inc. Reason(s) for filing (Check proper box) urls mi, en lexico Other (Please explain) hange in Transporter of: Term Well trom ry Cas Recompletion -41 'asmaherd Gas _ There is wherehig_ If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. Feel Mame, Including Formation State, Federal or Fee - - recr ocl reven wivers Location Colplant 1 _ Feet From The . Unit Letter 3 : 2310 Feet From The - 67t, Line one: 2310 Line of Cestion 23 Township Hanye , EMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Manual Additional Transporter of Addit Address (Give address to which approved copy of this form is to be sent) Name of Arthorized Transporter of Casimuhead Gas _ _ or Dry Gas _ _ Unit Sec. Twg. Rge. Is das actually connected? If well cross res oil or liquids, give location of tanks. ----20---CONE If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Worksver Flug Back | Same Restv. Diff. Restv. Oil Well Ros Well Designate Type of Completion = (X)Date 3: sidded Date Compl. Heady to Frod. Total Depth P.B.T.D. Name of Producing Ecrmation Top C.E./Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT (Fest must be after recovery of total volume of load oil and must be equal to or exceed top allow-able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date Pirst New Cil Run To Tanks Date of Test Choke Size Length of Test Casina Pressure Tubica Pressure Water - Bbls. Gas - MCF Artual Frod. During Test Oil-Bbls. GAS WELL Actual Frod. Test-MCF/D Length of Test Bbls, Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size VI. 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.

(12/)	7/	_
esident	(Signature)	

Pr

11-11-05

(Date)

cceral

County

APPROVED	AUV 2 2 1985	19
By 711/2	Christiang	·
	TO ONE MORPHONE	

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.