U.S.G.S. LAND OFFICE IRANSPORTER OIL AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION Conco Inc. Address P.O. Box 460, Hobbs, New Mexico 83240 Recompletion Conco Inc. C		.40. OF COPIES PECEIVED			1: d	
AUTHORIZATION TO TRANSPORTED CAN NATURAL CAS LAND OF TEST TO BOX AND OFFICE TO BOX AGO, Hisbbo, New Mexico 80240 TO CONCO THE CONCORDER TO BOX AGO, Hisbbo, New Mexico 80240 TO CONCO THE CONCORDER TO CONCO THE CONCORDER TO CONCORDER		DISTRIBUTION SANTA FE	in the second se	FOR ALLOWABLE	Supersedes Old C-104 and C-11	
OREATOR SPEED PROBATION OFFICE P. D. Nox 460, Hobbs, New Monto 83240 Sessentite regions a server was a constant of the cons			AUTHORIZATION TO TRA		AS .	
OREATOR SPEED PROBATION OFFICE P. D. Nox 460, Hobbs, New Monto 83240 Sessentite regions a server was a constant of the cons		1011	ECEL	Vie	,	
Consoc Inc. 11 COMMENT OF THE PROPERTY OF THE CONTRIBUTION OF THE		GAS /		0 1979		
P. D. BOX 460, Hobbs, New Mexico 83230 Constraints Description De	1.		I VALLE VAR	2011SION		
P. D. BOX 460, Hobbs, New Mexico 83230 Constraints Description De			LIVI DONSE	RVATION DIV		
Second International Company C		Address			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Change of contenting of contenting of the content						
Converted Case Conver		New Well Change in Transporter of: Change of corporate name from				
IL DESCRIPTION OF WELL AND LEASE AND ACADE F AND ACADE F BANNARD PICTURES Line and 920 Feet from The E Line and 920 Feet from The F Line and 920 Feet					company effective	
DESCRIPTION OF MELL AND LEASE Cell 300, Food Name, Incidents Formation Commercial Commer					,	
Level Now Pool Pool Pool Pool Pool Pool Pool Po						
County C	11.		Well No.: Pool Name, Including F			
Line of Secrition			4 Ballard Pic	tured Cliffs State, Federal	crifée Indian C78	
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorised Treasporter of Call Or Considerable Address / Flue address to which approved copy of this form is to be sensy. Name of Authorised Treasporter of Cashcored Gas Or Dry Gas Address / Flue address to which approved copy of this form is to be sensy. Name of Authorised Treasporter of Cashcored Gas Or Dry Gas Address / Flue address to which approved copy of this form is to be sensy. If well predicts as commission of tonkin. If well predicts as commission of tonkin. The prediction is commission of tonkin. The prediction of the prediction of the tonkin. The prediction o		Unit Letter 990 Feet From The S Line and 990 Feet From The E				
Name of Authorized Cressporter of City Control	Line of Section // Township 23 N Range 54), NMPM, Rio Arriba					
Name of Authorized Cressporter of City Control	11.	DESIGNATION OF TRANSPORT	TER OF OU. AND NATURAL GA	19		
Well produces all or liquids, which that from any other lease or pool, give Commingling order number. If this production is commingled with that from any other lease or pool, give Commingling order number. If this production is commingled with that from any other lease or pool, give Commingling order number. If this production is commingled with that from any other lease or pool, give Commingling order number. If this production is commingled with that from any other lease or pool, give Commingling order number. If this production is commingled with that from any other lease or pool, give Commingling order number. Designate Type of Completion – (X) Date Spadded Date Completion – (X) Date Spadded Date Green, Ready to Product Elevations (OF, RKS, RT, CR, etc., Name of Producting Promotion TOSING, CASING, AND CEMENTING RECORD Depth Casing Base TUSING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to an exceed top allowable for this depth or be for full 24 hours) Producting Manual (Flow, pump, gas Rif., etc.) Total Producting Manual (Flow, pump, gas Rif., etc.) Testing Mentes (puol, Base Rif.) Total Producting Manual (Embartian) Depth Old Conservation Commission River and Complete Rife on the well in a compliance with null Elist. If this is a request for elivewise for a newly drilled or deepened with and that the Information River Rife and Complete Rife on the well in accordance with Null Elist. This form is to be filled in compliance with null Elist. If this is a request for elivewise for a newly drilled or deepened with and the control of the Oil Conservation Commission River Rife (Public Rife Control on the Well In accordance with Null Elist.) This form is to be filled in compliance with Null Elist. If this is a request for elivewise for a newly drilled or deepened wi	•••				ericopy of this form is to be sent)	
This products it is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: V. CONPLETION DATA Designate Type of Completion — (X) Date Spudges Date Compl. Ready to Prod. Total Deptin P.B.T.D.		Name of Authorized Transporter of Cas	unghead Gas or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)	
This products it is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: V. CONPLETION DATA Designate Type of Completion — (X) Date Spudges Date Compl. Ready to Prod. Total Deptin P.B.T.D.		El Paso Natura		El Paso, Tex	م_ح	
Designate Type of Completion — (X) Oil Weil Gas Weil New Weil Woscover Deepen Plus Base Same Resm. Ditt. Resm. Designate Type of Completion — (X) Oil Weil Gas Weil New Weil Woscover Deepen Plus Base Same Resm. Ditt. Resm. Date Spudged Determined Type of Completion — (X) Oil Weil Gas Weil New Weil Woscover Deepen Plus Base Same Resm. Ditt. Resm. Depth Casing Same Resm. Ditt. Resm. Ditts Same Resm. Ditt. Resm. Depth Casing Resm. Depth Casing Same Resm. Ditt. Resm. Depth Casing Same Resm. Ditt. Resm. Depth Casing Same Resm. Ditt. Resm. Depth Casing Resm. Ditts Same Resm. Ditt. Resm. Depth Casing Resm. Ditts Same Resm. Ditt. Resm. Depth Casing Resm. Depth Casing Resm. Ditts Same Resm. Ditt. Resm. Depth Casing Resm. Depth Casing Resm. Ditts Same Resm. Ditt. Resm. Depth Casing Resm. Ditts Same Resm. Ditt. Resm. Depth Casing Resm. Ditts Same Resm. Ditt. Resm. Ditts Same Resm. Ditt. Resm. Depth Casing Resm. Ditts Same Resm. Depth Casing Resm. Ditts Same Resm. Depth Casing Resm. Ditts Same Resm. Depth Casing Resm. Depth Casing Resm. Depth Casing Resm. Depth Casing Resm. Ditts Depth Casing Resm.		if well produces off or figures,		is gas actually connected? when		
Designate Type of Completion — (X) Designate Type of Completion — (X) Date Spudded Dete Compl. Ready to Prod. Date Spudded Dete Compl. Ready to Prod. Dete Spudded Dete Compl. Ready to Prod. Dete Spudded Dete Compl. Ready to Prod. Depth Casing Snoe Depth Casing Snoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of food oil and must be equal to or exceed top allowable for this depth or be for fall 24 hours.) Date First New Oil Fun To Tanks Date of Test Casing Pressure Casing Pressure Choice Size Testing Meshod (pitot, Sack pr.) Tubing Pressure (Short-in) Commission have been complied with and that the information given above its true and complete to the beat of my knowledge and belief. Division Manager Title: This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled one of the deviation feat; taken on the well in accordance with RULE 1104. All sections of this form must be accomplated by a tabulation of the deviation feat; taken on the well in accordance with RULE 1104. All sections of this form must be accomplated by a tabulation of the deviation of the Strain on the well in accordance with RULE 1104. If this is a request for allowable for a newly drilled on completely for allowable on new and recompleted wells. Fill on topy Sections II, III, and VI for charges of owner. Fill on the Strain S			h that from any other lease or pool,	give commingling order number:		
Elevations (PF, RRB, RT, CR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Ceptin Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TUBING CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow oil, WELL Date First New Oil Pun To Tonks Date of Test Length of Test Length of Test Actual Prod. During Test Oil-Bala. Gas WELL Actual Prod. During Test Oil-Bala. Gas WELL Actual Prod. Test-MGF/O Testing Merical (pilot, Sack pr.) Tubing Pressure (Shut-in) Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Division Manager Title This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepends will. If this is a request for allowable for a newly drilled or deepends will be on new and recompleted wells. Fill country section of the well in accordance with RULE 1104. All sections of this form must be subtlation of the deviation tests taken on the well in accordance with RULE 1104. Fill country sections of the Oil concepted by a rebulation of the deviation tests taken on the well in accordance with RULE 1104. Fill country sections of this compliance with RULE 1104. Fill country sections of this Company sets of little doct completely for allowable on new and recompleted wells. Fill country sections II, III, and VI for changes of owner. Fill country sections of this Company set of the overacion tests taken on the well in accordance with RULE 1104. Fill country sections II, III, and VI for changes of owner. Fill country sections of this Company set of the owner. Fill country sections III and VI for changes of owner. Fill country sections of this Company section and the country sections of the country section. Fill country sections	٧.			New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.	
TUBING, CASING, AND CEMENTING RECORD TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE COUNTY OF THE SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or second top allowable for this depth or be for full 24 hours: COULTY OF THE SIZE SACKS CEMENT COULTY			:::	Total Depth	P.B.T.D.	
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of rotal values of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) Date First New Cil Run To Tanks Casing Pressure Congressive Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Cosing Pressure (Shut-in) Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Division Manager Length of Test Title This form is to be filed in compliance with Rule 1104. If this is a request for allowable for a newly drilled out completely for allowable on new and recompleted wells. Fill out only Secondance with Rule 1104. Fill to this form must be filled out completely for allowable on new and recompleted wells. Fill out only Secondance with Rule 11104. Fill out only Secondance of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Secondance with Rule 11104.				, and the second		
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Dote First New Cit Run To Tanks Cate of Test Length of Test Length of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Cosing Pressure Co		=	Name of Producing Formation	100 Oil/Gds Pay	rubing Depth	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New CII Run To Tanks Cate of Test Length of Test Tubing Pressure Casing Pressure Choke Size JUN 19 1979 Caylor Caphaga Other Testing Meshod (pitot, back pr.) Tubing Pressure(Shut-in) 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. Division Manager Division Manager Title: Titl		Perforations			Depth Casing Shoe	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for file 124 hours) Discontinuous Producting Method (Flow, pump, gas lift, etc.) Length of Test Actual Prod. During Test Oil. Bbls. Gas Well Actual Prod. During Test Oil. Bbls. Condensate/MMCF Cosing Pressure Oil. Conservation 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. Division Manager This form is to be filed in compliance with Rule 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Rule 1104. All sections of this form must be filled out completely for slowested on the well in Sections In II, III, and VI for changes of owner, Fill out of Sections I. II, III, and VI for changes of owner, Fill out of Sections I. II, III, and VI for changes of owner, Fill out of Sections I. II, III, and VI for changes of owner, Fill out of Sections I. II, III, and VI for changes of owner, Fill out of Sections I. II, III, and VI for changes of owner,			· · · · · · · · · · · · · · · · · · ·			
OIL WELL Date First New Cil Run To Tanks Cate of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Actual Prod. During Test Cil-Bils. Casing Pressure Casing Pressure Casing Pressure Coordinates MMCF Actual Prod. Test-MCF/D Length of Test Bable. Condensate/MMCF Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Coordinates MMCF Coordinates MCCF Coordinates MMCF		HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
OIL WELL Date First New Cil Run To Tanks Cate of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Actual Prod. During Test Cil-Bils. Casing Pressure Casing Pressure Casing Pressure Coordinates MMCF Actual Prod. Test-MCF/D Length of Test Bable. Condensate/MMCF Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Coordinates MMCF Coordinates MCCF Coordinates MMCF						
OIL WELL Date First New Cil Run To Tanks Cate of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Actual Prod. During Test Cil-Bils. Casing Pressure Casing Pressure Casing Pressure Coordinates MMCF Actual Prod. Test-MCF/D Length of Test Bable. Condensate/MMCF Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Coordinates MMCF Coordinates MCCF Coordinates MMCF			!			
Date First New Cil Run To Tanks Case of Test Length of Test Actual Pros. During Test Oil-Bble. Gas Well Actual Prod. Test-MCF/D Length of Test Actual Prod. Test-MCF/D Testing Method (puot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) 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. Division Manager (Signature) Division Manager (Title)	V.		OR ALLOWABLE (Test must be a able for this de		nd must be equal to or exceed top allow-	
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Length of Test Division Manager (Title) Division Manager (Title) Actual Prod. During Test Coll-Bbls. Water-Bbls. Water-Bbls. Water-Bbls. Water-Bbls. Water-Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in) Cosing Pressure (Shut-in) OIL CONSERVATION COMMISSION APPROVED JUN 19479 By TITLE This form is to be filled in compliance with RULE 1104. If this is a request for sllowable 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,		(71) (71)			, e(c.)	
GAS WELL Actual Prod. Test-MCF/D Length of Test Division Manager (Title) Division Manager (Title) Actual Prod. Test-MCF/D Length of Test Division Manager Division Manager Division Manager (Title) Length of Test Deputy Of Cogneta GON- Division Manager Division Manager Division Manager (Title) Fill out only Sections I. II. III. and VI for changes of owner, Fill out only Sections I. II. III. and VI for changes of owner,		Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
GAS WELL Actual Prod. Test-MCF/D Length of Test Division Manager (Title) Division Manager (Title) Actual Prod. Test-MCF/D Length of Test Division Manager Division Manager Division Manager (Title) Length of Test Deputy Of Cogneta GON- Division Manager Division Manager Division Manager (Title) Fill out only Sections I. II. III. and VI for changes of owner, Fill out only Sections I. II. III. and VI for changes of owner,		Actual Prod. During Test	C11 - 3bla.	Water-Bbls.	Good Mark & Real Park	
Actual Prod. Test-MCF/D Length of Test Bolis. Condensate/MMCF Casting Method (pitot, back pr.) Tubing Pressure (shut-in) Casting Pressure (shut-in) Costing Pressure (shut-in) Costing Pressure (shut-in) Choke Size OIL CONSERVATION COMMISSION APPROVED JUN 1 9/070 19 BY 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,					KILLIE	
Actual Prod. Test-MCF/D Length of Test Bolis. Condensate/MMCF Casting Method (pitot, back pr.) Tubing Pressure (shut-in) Casting Pressure (shut-in) Costing Pressure (shut-in) Costing Pressure (shut-in) Choke Size OIL CONSERVATION COMMISSION APPROVED JUN 1 9/070 19 BY 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,		GAS WELL			JUN 19 1979	
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. Division Manager (Title) (Title) (Title) (Title) (Signature) (Title) (Title) (Title) (Signature) (Title) (Title) (Signature) (Title) (Title			Length of Test	Bbls. Condensate/MMCF	Charitte Cabiocon	
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. BY Security OIL & GAS INSPECTOR, DISI. #3 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,		Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choxesize DIGT. 3	
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. BY Security OIL & GAS INSPECTOR, DISI. #3 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,	VI.	CERTIFICATE OF COMPLIANCE	7F	OIL CONSERVA	TION COMMISSION	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY 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,		CENTIFICATE OF COMPENANCE		11111 4 0 1070		
TITLE DEPUTY OIL & GAS INSPECTOR, DISI. #3 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,		Commission have been complied with and that the information given		T 1500		
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,		above is true and complete to the	best of my knowledge and belief.	DEPUTY OIL & GAS	INSPECTOR, DIST. #3	
Division Manager Division Manager Cittle Division Manager Cittle Division Manager Division Manager Cittle Division Manager Cittle Division Manager Division Manager Cittle Division Manager Cittle Division Manager Division Manage		Jan 17		TITLE		
Division Manager Division Manager Cittle Division Manager Cittle Division Manager Division Manager Cittle Division Manager Cittle Division Manager Division Manager Cittle Division Manager Cittle Division Manager Division Manage		1/1/10	morrie	11	•	
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,		(Signa	(ture)	well, this form must be accompan-	ied by a tabulation of the deviation	
Fill out only Sections I, II, III, and VI for changes of owner,		/ (Tit	(e)			
NNOCD (5) AZUEC		<u> </u>		Fill out only Sections I. II.	III, and VI for changes of owner,	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	3	FILE		Separate Forms C-104 must be filed for each pool in multiply		