NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSIC. Form C -104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATION 46 AN 355 Effective 1-1-65 FILE u.s.g.s. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Sperator Ralph S. Cooley Address P. O. Box 254, Midland, Texas 79701 Other (Please explain) Reason(s) for filing (Check proper box) Change in Lease Name (formerly Change in Transporter of: L'ew Well Dry Gas Great Western Brown-Federal) Recompletion Condensate Change in Ownership Casinghead Gas If change of ownership give name Cooley and Holcomb, P. O. Box 254, Midland, Texas and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Kind of Lease Federal Well No. | Pool Name, Including Formation State, Federal or Fee Sawyer San Andres Gas q Brown "09" 660 Feet From The South Line and 660 Feet From The ___ Unit Letter **M** , Township 9-South Range 38-East , NMPM, Lea Line of Section 18 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 2003 Wilco Building, Midland, Texas McWood Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas 🛣 3707 Rawlins Avenue, Dallas 19, Texas Capita n Petroleums, Inc.

is gas actually connected? If well produces oil or liquids, give location of tanks. November 26, 1964 18 95 38 E Yes M If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Gas Well Designate Type of Completion - (X) X X Date Compl. Ready to Prod. Total Depth 49821 January 19, 1949 49821 December 2, 1948 Top Oil/Gas Pa Tubing Deptl Name of Producing 1 49341 49641 Sawyer San Andres Gas San Andres Depth Casing Shoe Perforations 49551 Open Hole TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 250 10-3/4" O.D. 2921 13-3/8" 5-1/2"O.D. 49551 <u>600</u> 6-1/4" 49341 2-3/8" O.D.

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water-Bbls. Actual Prod. During Test Oil-Bbls.

GAS WELL Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Casing Pressure Choke Size Tubing Pressure Testing Method (pitot, back pr.)

TITLE _

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.

(Title)

July 20, 1965

OU CONSERVATION COMMISSION

County

OL CONSERVATION COMMISSION		
APPROVED		, 19
BY		

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.