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| TRANSPORTER OIL | | |
| TRANSPORTER GAS | | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
*Supersedes Old C-104 and C-11*
Effective 1-1-65

I.

Operator
Quicksilver, Ltd.

Address
Box 957 Crossroads, New Mexico 88114

Reason(s) for filing *(Check proper box)*

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

Other *(Please explain)*

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. |
|---|---|---|---|---|
| S.E. Anderson | 1 | Jenkins Devonian | State, Federal or Fee Fee | |

Location
Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East

Line of Section 30 Township 9-S Range 35-E , NMPM, Lea County

III. 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)* |
|---|---|
| Western Crude Oil, Inc. | P.O. Box 5568, Denver, Colo. 80217 |
| Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ | Address *(Give address to which approved copy of this form is to be sent)* |
| Warren Petroleum Corporation | P.O. Box 966, Lovington, New Mexico 88260 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | B | 30 | 9-S | 35-E | Yes | Prior to 1968 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | X | | | X | X | | | X |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| | Recompleted 10-21-78 | 12690 | 12638 |
| **Elevations** *(DF, RKB, RT, GR, etc.)* | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| 4187 KB; 4163' GR | Devonian | 12,634' | 9922' |
| **Perforations** | | | **Depth Casing Shoe** |
| 12634-12638 | | | 12683 |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 17½" | 13 3/8" | 422' | 500 |
| 12¼" & 11" | 8 5/8" | 4315' | 1500 |
| 7 7/8" | 5½" & 5" | 12638' | 600 |
| | 2 7/8" & 2 1/16" | 9222' | |

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 this depth or be for full 24 hours)*

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method *(Flow, pump, gas lift, etc.)* | |
|---|---|---|---|
| Producing into Power | Oil tank 11-16-78 | Pump | |
| **Length of Test** | **Tubing Pressure** | **Casing Pressure** | **Choke Size** |
| 24 | 2400 | 50 | 2" |
| **Actual Prod. During Test** | **Oil-Bbls.** | **Water-Bbls.** | **Gas-MCF** |
| | 9 | 135 | 15 |

GAS WELL

| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
|---|---|---|---|
| | | | |
| **Testing Method** *(pitot, 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.

Wm. Groesbeck
*(Signature)*
General Partner
*(Title)*
12-21-78
*(Date)*

OIL CONSERVATION COMMISSION

APPROVED JAN 1 1979, 19____

BY _____

TITLE SUPERVISOR DISTRICT I

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.