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| | U.S.G.S. | | | | |
| | LAND OFFICE | | | | |
| | TRANSPORTER | OIL | | | |
| | | GAS | | | |
| | OPERATOR | | | | |
| I. | PRORATION OFFICE | | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

| I. | U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE | AUTHORIZATION TO TR | AÑSPORT OIL AND NATURAI | L GAS | | | |
|-----|---|---|--|---|--|--|--|
| •• | GEORGE W. KINGREA, Box 291, Midland, Texas 79701 | | | | | | |
| | Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership | Change in Transporter of: Oil Dry Go Casinghead Gas Conde | nsate | | | | |
| II. | If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND | H. C. HOOD, 522 Ban | k of the Southwest, | , Midland, Texas | | | |
| | Lease Name Humble State | Well No. Pool Name, Including F Bough Jink | | Lease No. leral or Fee State 96 5204 | | | |
| | Location | KA Santh | 1650 | T1 + | | | |
| | Omr Better | r eet r tom TheLii | r est i re | 110 | | | |
| | | | | uea County | | | |
| II. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | | proved copy of this form is to be sent) | | | |
| | Name of Authorized Transporter of Cas Warren Petroleum Co | | Box 1589, Tulsa, | proved copy of this form is to be sent) Oklahoma When | | | |
| | If well produces oil or liquids, give location of tanks. | ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! | Yes | October 16, 1964 | | | |
| | COMPLETION DATA | th that from any other lease or pool, | give commingling order number: New Well Workover Deepen | Plug Back Same Res'v, Diff. Res'v, | | | |
| | Designate Type of Completio | Date Compl. Ready to Prod. | | | | | |
| | • | | Total Depth | P.B.T.D. | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | |
| | Perforations | | | Depth Casing Shoe | | | |
| | | TUBING, CASING, AND CEMENTING RECORD | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | | | | | | | |
| V. | EST 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) | | | | | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas - MCF | | | |
| i | GAS WELL | <u> </u> | 1, | • · · · | | | |
| | 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 | | | |
| | RTIFICATE OF COMPLIANCE ereby certify that the rules and regulations of the Oil Conservation | | OIL CONSERVATION COMMISSION APPROVED FEB 141559, 19 | | | | |
| | Commission have been complied wabove is true and complete to the | ith and that the information given best of my knowledge and belief. | BY JOHN | Marel | | | |
| | | | TITUE | | | | |

November 26, 1968

(Date)

Agent

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.

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