L CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS -AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Natural Energies, Inc. Address P. O. Box 8022, Dallas, Texas 75205 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion 011 Dry Gas Change InOperator Change in Ownership Casinghead Gas Condensate Operator If change of ownership give name Sam Boren, 325 Park Cities Bank Bldg., Dallas, Texas 75205 II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Lease No. Gulf-Sohio State North Bagley-Pennsylvanian State, Federal or Fee State E-8969 Location Η 1980 North Line and _ Unit Letter East Feet From The Feet From The 8 Township 11S 33E Line of Section Lea Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XX Address (Give address to which approved copy of this form is to be sent) Gulf Oil Corporation P. O. Drawer 2100, Houston, Texas 7700 Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corporation P. O. Box 1589, Tulsa, Oklahoma Sec Unit Twp. Is gas actually connected? If well produces oil or liquids, When H 33E Yes 11S August, If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth 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. 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-able 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.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbla. Water-Bbls. Gga - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Choke. Size I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION **APPROVED** I hereby certify that the rules and regulations of the Oil Conservation 3 1972 Orig. Signed **by** Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY Joe D. Ramey TITLE . Dist. I, Supv. URAL ENERGIES,

(Signature)

(Title) October 12

(Date)

1971

President

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.

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OUL CONSERVATION COMM.
HOBBS, N. M.