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| TRANSPORTER | OIL 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-110
Effective 1-1-65

I.

| | |
|---|---|
| Operator Tom Schneider | |
| Address 509 West Texas, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) Other: Please explain | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Reclass from water to oil well |
| If change of ownership give name and address of previous owner Amerada Pet. Corp., Box 668, Hobbs, New Mexico | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------------|-----------------------|---|--|------------------------------|
| Lease Name H. D. McKinley | Well No. 8 | Pool Name, including Formation Undesignated | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter F | 2145 | Feet From The N | Line and 100 | Feet From The East |
| Line of Section 30 | Township 18 | Range 38 | N.M.M. Lea | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-------------------|-------------------|-------------------|--|------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) Hobbs, New Mexico | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| None | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Ser. 30 | Exp. 18 | Age. 38 | Is it actually connected? No | When - |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Complete Well <input type="checkbox"/> | Partial Well <input type="checkbox"/> |
| Date Spudded 2-12-66 | Date Compl. Ready to Prod. 2-19-66 | | Total Depth 34 | | P.R.O.D. None | | | |
| Elevations - DE, RKB, RT, GR, etc. - | Name of Producing Formation Ogallala | | Top of Gas Dry 25 | | Tubing Depth 30 | | | |
| Perforations OH 20-34' | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|------------------------|---------------------------------------|------------------------|---|
| HOLE SIZE 8" | CASING & TUBING SIZE 6 5/8" | DEPTH SET 20 | SACKS CEMENT 2 yards (circulated) |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 2-20-67 | Date of Test 2-20-67 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 | Tubing Pressure 0 | Casing Pressure 0 | Choke Size None |
| Actual Prod. During Test 41.76 | Oil - Bbls. 4.17 | Water - Bbls. 37.59 | Gas - MCF Nil |

GAS WELL

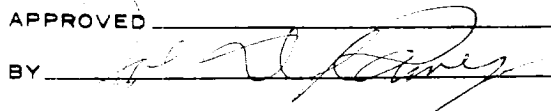
| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (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.


(Signature)
Partner & Agent
(Title)
January 12, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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, 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.