

IV. COMPLETION DATA

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
8-3/4	7 2-7/8	2165	500

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	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

GAS WELL

Actual Prod. Test - MCF/D 651 MCFD	Length of Test 72 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flow	Tubing Pressure (Shut-in) 565	Casing Pressure (Shut-in) 0	Choke Size 3/4

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Ross Carbonics Inc.

Address Box 476, Panhandle, Texas 79068

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of: <u>CO₂</u>	Other (Please explain)
☐ Recompletion	☐ Oil	
☒ Change in Ownership	☐ Casinghead Gas	
	☐ Dry Gas	
	☐ Condensate	

Change of ownership give name and address of previous owner E. T. Ross previous operator - New operator Ross Carbonics Inc.

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hayoz</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Tubb</u>	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>D</u>	<u>660</u>	Feet From The <u>North</u>	Line and <u>660</u>	Feet From The <u>West</u>	
Line of Section <u>14</u>	Township <u>19N</u>	Range <u>30E</u>	<u>NMPM</u>	<u>Harding</u>	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Carbon Dioxide Gas

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Ross Carbonics Inc. to</u>	<u>Box 476, Panhandle, Texas 79068</u>
<u>Ross Carbonics Inc. Liquid CO₂ Plant</u>	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>Yes</u> <u>12-1-85</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

OTE: Complete Parts IV and V on reverse side if necessary.

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ross Carbonics Inc.

E. T. Ross

(Signature)
President-Operator

7-14-86 (Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED 7-18, 19 86
BY Roy E. Johnson
TITLE DISTRICT SUPERVISOR

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