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PRODUCTION OFFICE	

RECEIVED  
OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
MAR 27 1984  
O. C. D. REQUEST FOR ALLOWABLE  
ARTESIA, OFFICE AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Vintage Petroleum, Inc. ✓  
Address  
502 South Main Mall, Suite 400 Tulsa, Oklahoma 74103  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner Phoenix Resources Company 3535 N.W. 58th St. Oklahoma City, OK 73112

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Smith Well No. 1 Pool Name, Including Formation Undes. Railroad Mt.-SA Kind of Lease State, Federal or Fee Fee Lease No.  
Location  
Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East  
Line of Section 2 Township 8S Range 28E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Navajo Crude Oil Purchasing Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 149 Artesia, NM 88210  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit H Sec. 2 Twp. 8S Rge. 28E Is gas 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 Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded 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. 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.) Post-Prod. 3-30-84  
Length of Test Tubing Pressure Casing Pressure Choke Size Chg. O.P.  
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (piston, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Production Manager  
March 15, 1984  
OIL CONSERVATION DIVISION  
APPROVED MAR 28 1984  
BY Leslie A. Clements  
TITLE Supervisor District II  
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