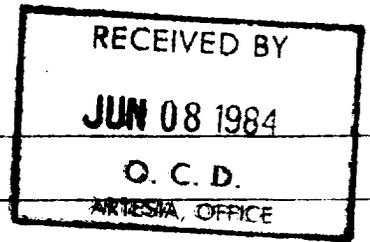


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| TRANSPORTER | OIL | ✓ |
| | GAS | |
| OPERATOR | | ✓ |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator Sandco Oil and Gas Incorporated ✓
Address P.O. Box 881 Mesilla Park, New Mexico 88047
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) Reentry

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------|---|--------------------------------|---------------|----------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease Fee |
| <u>Sandco</u> | <u>3</u> | <u>Twin-Lakes SA</u> | <u>Assn.</u> | <u>Fee</u> |
| Location | | | | |
| Unit Letter <u>A</u> | <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> | | | |
| Line of Section <u>25</u> | Township <u>8S</u> | Range <u>28E</u> | <u>NMPM,</u> | County <u>Chaves</u> |

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) | | | | | |
| <u>Navajo Crude Purchasing Company</u> | <u>Box 159 Artesia, New Mexico 88210</u> | | | | | |
| 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) | | | | | |
| <u>none</u> | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Range | Is gas actually connected? | When |
| | <u>A</u> | <u>25</u> | <u>8S</u> | <u>28E</u> | <u>no</u> | |

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't. | Diff. Fr. |
| | <u>X</u> | | | | | | <u>X</u> | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| <u>5-9-84</u> | <u>6-2-84</u> | <u>2753</u> | <u>2753</u> | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| <u>3934 GR</u> | <u>San Andres</u> | <u>2623</u> | <u>2623</u> | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |
| <u>4holes 2623-2626, 3holes 2636-2638, 1hole 2641, 8holes 2644-</u> | <u>2753</u> | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD <u>2651</u> | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| <u>11"</u> | <u>8 5/8"</u> | <u>124 ft.</u> | <u>6 yds.</u> | | | | | |
| <u>7 7/8"</u> | <u>4 1/2"</u> | <u>2753</u> | <u>175 sks.</u> | | | | | |
| | <u>2 3/8"</u> | <u>2623</u> | | | | | | |

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.) | |
| <u>6-4-84</u> | <u>6-3-84</u> | <u>pump</u> | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| <u>24 hrs.</u> | <u>0</u> | <u>---</u> | <u>---</u> |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| <u>60</u> | <u>40</u> | <u>60</u> | <u>---</u> |

Post ID: 2-84
6-19-84
Camp

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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]
(Signature)

President

(Title)

6-6-84

(Date)

OIL CONSERVATION COMMISSION

JUN 11 1984

APPROVED _____, 19

BY [Signature]

TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.