

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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| TRANSPORTER | OIL |
| | GAS |
| OPERATION | |
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RECEIVED BY
DEC 18 1984

O.C.D.
ARTESIA, N.M.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator McKay Oil Corporation ✓ | |
| Address P. O. Box 2014, Roswell, NM 88202-2014 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|--|--|-----------------------|
| Lease Name McKay Harvey Federal | Well No. #4 | Pool Name, including Formation <i>Wildcat S. Lucas Mgr. Abo</i> | Kind of Lease State, Federal or Fee Federal | Lease No. NM-19829 |
| Location Unit Letter <u>D</u> ; <u>860</u> Feet From The <u>North</u> Line and <u>860</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>9S</u> Range <u>25E</u> , NMPM, <u>Chaves</u> County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| 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) |
| Transwestern Pipeline Company | P. O. Box 2521, Houston, TX 77001 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | No ASAP |

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

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 9-11-84 | Date Compl. Ready to Prod. 11-27-84 | Total Depth 4309' | P.B.T.D. 4163' | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) 3570' | Name of Producing Formation ABO | Top Oil/Gas Pay 3892' | Tubing Depth 3883' | | | | | |
| Perforations 3892-3909' Abo | | | Depth Casing Shoe | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|----------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 810' | 300sx + 100sx |
| 7 7/8" | 4 1/2" | 4220' | 300sx + 300sx + Circ |
| | 2 3/8" | 3883 | 100sx |

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 475 | Length of Test 4 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (prior, back pr.) 4 Point Back Pres. | Tubing Pressure (Shut-in) 1008 | Casing Pressure (Shut-in) 1008 | Choke Size 32/64 |

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 Analyst

(Title)

December 17, 1984

(Date)

OIL CONSERVATION DIVISION

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.

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

| | |
|-----------------------|-----|
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RECEIVED BY SANTA FE, NEW MEXICO 87501

DEC 18 1984

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator McKay Oil Corporation | |
| Address P. O. Box 2014, Roswell, NM 88202-2014 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner

| | | | | |
|------------------------------------|----------------|--|---|-----------------------|
| DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name McKay Harvey Federal | Well No. #4 | Pool Name, including Formation Wildcat S. Permian | Kind of Lease State, Federal or Free Federal | Lease No. NM-19829 |
| Location | | | | |
| Unit Letter D | 860 | Feet From The North | Line and 860 | Feet From The West |
| Line of Section 21 | Township 9S | Range 25E | NMPM, Chaves County | |

| | | | |
|---|--|----------------------------------|--------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| 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) | | |
| Transwestern Pipeline Company | P. O. Box 2521, Houston, TX 77001 | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? No | When ASAP |

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

| | | | |
|---|---|--------------------------|-----------------------|
| COMPLETION DATA | | | |
| Designate Type of Completion - (X) | Oil Well <input 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"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> | | |
| Date Spudded 9-11-84 | Date Compl. Ready to Prod. 11-27-84 | Total Depth 4309' | P.B.T.D. 4163' |
| Elevations (DF, RKB, RT, CR, etc.) 3570' | Name of Producing Formation ABO | Top Oil/Gas Pay 3892' | Tubing Depth 3883' |
| Perforations 3892-3909' Abo | Depth Casing Shoe | | |

| | | | |
|--------------------------------------|----------------------|-----------|----------------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 810' | 300sx + 100sx |
| 7 7/8" | 4 1/2" | 4220' | 300sx + 300sx + Circ |
| | 2 3/8 | 3883 | 100sx |

| | | | |
|--|-----------------|---|------------|
| 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 475 | Length of Test 4 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) 4 Point Back Pres. | Tubing Pressure (Shut-in) 1008 | Casing Pressure (Shut-in) 1008 | Choke Size 32/64 |

| | | | |
|--|--|--|--|
| I. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION DIVISION | |
| 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. | | APPROVED _____, 19____ | |
| Signature <i>Armando J. Schmitt</i> Production Analyst (Title) | | BY _____ | |
| December 17, 1984 (Date) | | 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 multiple completed wells. | |

OIL CONSERVATION DIVISION

P. O. BOX 2088

RECEIVED BY SANTA FE, NEW MEXICO 87501

DEC 18 1984

REQUEST FOR ALLOWABLE
AND

O.C.D.
ARTESIA

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator

McKay Oil Corporation

Address

P. O. Box 2014, Roswell, NM 88202-2014

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|---|---|-----------------------|
| Lease Name McKay Harvey Federal | Well No. #4 | Pool Name, including Formation Wildcat S. Perm Shale | Kind of Lease State, Federal or Fee Federal | Lease No. NM-19829 |
| Location Unit Letter D : 860 Feet From The North Line and 860 Feet From The West Line of Section 21 Township 9S Range 25E, NMPM, Chaves County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| 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) |
| Transwestern Pipeline Company | P. O. Box 2521, Houston, TX 77001 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When No ASAP |

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

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 9-11-84 | Date Compl. Ready to Prod. 11-27-84 | Total Depth 4309' | P.B.T.D. 4163' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3570' | Name of Producing Formation ABO | Top Oil/Gas Pay 3892' | Tubing Depth 3883' | | | | | |
| Perforations 3892-3909' Abo | Depth Casing Shoe | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|----------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 810' | 300sx + 100sx |
| 7 7/8" | 4 1/2" | 4220' | 300sx + 300sx + Circ |
| | 2 3/8 | 3883 | 100sx |

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 475 | Length of Test 4 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (prior, back pr.) 4 Point Back Pres. | Tubing Pressure (Shut-in) 1008 | Casing Pressure (Shut-in) 1008 | Choke Size 32/64 |

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 Analyst

December 17, 1984

OIL CONSERVATION DIVISION

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 multiple recompleted wells.

| | |
|-------------------|-----|
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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

DEC 18 1984

REQUEST FOR ALLOWABLE
ANDO. C. D.
ARTESIA
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

McKay Oil Corporation

Address

P. O. Box 2014, Roswell, NM 88202-2014

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------|--|---|-----------------------|
| Lease Name McKay Harvey Federal | Well No. #4 | Pool Name, Including Formation Wildcat S. Perm Slope Area | Kind of Lease State, Federal or Fee Federal | Lease No. NM-19829 |
| Location Unit Letter D : 860 Feet From The North Line and 860 Feet From The West Line of Section 21 Township 9S Range 25E, NMPM, Chaves County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| 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) | | | | | |
| Transwestern Pipeline Company | P. O. Box 2521, Houston, TX 77001 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | | | | | No | ASAP |

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

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 9-11-84 | Date Compl. Ready to Prod. 11-27-84 | Total Depth 4309' | P.B.T.D. 4163' | | | | | |
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| Perforations 3892-3909' Abo | Depth Casing Shoe | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|----------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 810' | 300sx + 100sx |
| 7 7/8" | 4 1/2" | 4220' | 300sx + 300sx + Circ |
| | | | 100sx |
| | 2 3/8 | 3883 | |

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 475 | Length of Test 4 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) 4 Point Back Pres. | Tubing Pressure (Shut-in) 1008 | Casing Pressure (Shut-in) 1008 | Choke Size 32/64 |

II. 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 Analyst

(Title)

December 17, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

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If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviativ
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow
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SANTA FE, NEW MEXICO 87501

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DEC 18 1984

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA, NM

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| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PROMOTION OFFICE | |
| Operator | |

McKay Oil Corporation

Address
P. O. Box 2014, Roswell, NM 88202-2014

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

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|--|----------------|--|--|-----------------------|
| Lease Name McKay Harvey Federal | Well No. #4 | Pool Name, Including Formation Wildcat S. Perm. Shale Abo | Kind of Lease State, Federal or Fee Federal | Lease No. NM-19829 |
| Location Unit Letter D : 860 Feet From The North Line and 860 Feet From The West Line of Section 21 T. wnship 9S Range 25E , NMPM, Chaves County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

COMPLETION DATA

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|---|--|--------------------------|-----------------------|----------|--------|-----------|-------------|--------------|
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| Deviations (DF, RKB, RT, GR, etc.) 3570' | Name of Producing Formation ABO | Top Oil/Gas Pay 3892' | Tubing Depth 3883' | | | | | |
| Perforations 3892-3909' Abo | Depth Casing Shoe | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|----------------------|
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| 7 7/8" | 4 1/2" | 4220' | 300sx + 300sx + Circ |
| | 2 3/8 | 3883 | 100sx |

DATA AND REQUEST FOR ALLOWABLE
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)

| | | | |
|----------------------------|-----------------|---|------------|
| First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

LL

| | | | |
|---|-----------------------------------|-----------------------------------|-----------------------|
| Prod. Test-MCF/D 75 | Length of Test 4 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Method (piston, back pr.) Point Back Pres. | Tubing Pressure (Shut-in) 1008 | Casing Pressure (Shut-in) 1008 | Choke Size 32/64 |

DATE OF COMPLIANCE

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

Lance J. Schmitt
(Signature)

Production Analyst
(Title)

December 17, 1984
(Date)

OIL CONSERVATION DIVISION

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.

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well name or number, or transporter, or other such change of condition

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