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| SANTA FE             | 1      |         |    |
| FILE                 |        |         |    |
| U.S.G.S.             |        |         |    |
| LAND OFFICE          |        |         |    |
| TRANSPORTER          | OIL    | 1       |    |
|                      | GAS    | 1       |    |
| OPERATOR             |        | 1       |    |
| PRORATION OF         | FICE   | <u></u> |    |
| Operator Archide     | M. S   | peir    | •  |
| Address              | ver 40 | ), A    | rt |
| Reason(s) for filing | (Check | prope   | ьо |
| New Well             |        |         |    |
| Recompletion         |        |         |    |
| Change in Ownershi   | n      |         |    |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

| 3AN1A12  | , KEQUEST I                             | AND   | Effective 1-1  | -65                 |
|--|---|---|--|---------------------|
| U.S.G.S.   | AUTHORIZATION TO TRAI                   |   | IRAL GAS   |                     |
| LAND OFFICE  | AUTHORIZATION TO TRAI                   | 101 OKT OF AND HAT                                      | JIVAL ONG  |                     |
| OIL /  | 1                                       |   | ,  |                     |
| TRANSPORTER GAS /  |   |   |  |                     |
| OPERATOR /   |   |   |  |                     |
| PRORATION OFFICE   |   |   |  |                     |
| Archie M. Speir  |   |   |  |                     |
|  |   |   |  |                     |
| Drewer 40. Arte  | esia, New Mexico                        |   |  |                     |
| Reason(s) for filing (Check proper box   |   | Other (Please exp                                       | ain)   |                     |
| New Well   | Change in Transporter of:               |   |  |                     |
| Recompletion   | Oil X Dry Gas                           |   |  |                     |
| Change in Ownership  | Casinghead Gas Condens                  | sate 🔲  |  |                     |
|  |   |   |  |                     |
| If change of ownership give name and address of previous owner   |   |   | <u> </u>   |                     |
| and address of previous comments   |   | •   |  |                     |
| I. DESCRIPTION OF WELL AND   | Well No. Pool Name, Including Fo        | ormation Kin  | d of Lease   | Lease No.           |
| Lease Name SRIG Unit   |   | Stat  | e, Federal or Fee State                                      | E 379               |
|  | 27 Red Lake Gray                        | yourg   |  |                     |
| Location / M 90  | Feet From The South Line                | and 330 F   | eet From The Wast.   | ٦                   |
| Unit Letter;   | Feet From The                           | e unu   | <u> </u>   |                     |
| Line of Section 36   | ownship 17 Range 27                     | , NMPM,   | Eddy   | County              |
| Line of School   |   |   | •  |                     |
| II. DESIGNATION OF TRANSPOR  | TER OF OIL AND NATURAL GA               | S   | nich approved copy of this form                              | is to be sent)      |
| Name of Authorized Transporter of Of   | or Condensate                           | Address (Give address to wi                             |  |                     |
| Navajo Refining Co.  | Pipe Line Division                      | North Freeman Ave.                                      | Artesta New Moving of this form                              | is to be sent)      |
| Name of Authorized Transporter of Co   |   | Address (Give dudress to wi                             | Dona 101   |                     |
|  | 40°                                     | Is gas actually connected?                              | Cessa Jofas  |                     |
| If well produces oil or liquids,   |   | 710   | <b>,</b>   |                     |
| give location of tanks.  |   |   | mhaer  |                     |
|  | with that from any other lease or pool, | give commingling order nu                               | mber:  | <del></del>         |
| V. COMPLETION DATA   | Oil Well Gas Well                       | New Well Workover I                                     | Deepen Plug Back Same  | Restv. Diff. Restv  |
| Designate Type of Complet  | ion = (X)                               |   |  |                     |
| 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   |                     |
|  |   |   | Depth Casing Shoe  |                     |
| Perforations   |   |   |  |                     |
|  | TUBING CASING AND                       | D CEMENTING RECORD                                      |  |                     |
| 1101 E C17E  | CASING & TUBING SIZE                    | DEPTH SET   | SACKS  | EMENT               |
| HOLE SIZE  | CASING U TOBING SIZE                    |   |  |                     |
|  |   |   |  |                     |
|  |   |   |  |                     |
|  |   | <u> </u>  |  |                     |
| V. TEST DATA AND REQUEST   | FOR ALLOWABLE (Test must be a           | after recovery of total volume                          | of load oil and must be equal to                             | or exceed top allow |
| OIL WELL   |   | epth or be for full 24 hours) Producing Method (Flow, p | ump, gas lift, etc.)   |                     |
| Date First New Oil Run To Tanks  | Date of Test                            |   | · = · · ·  |                     |
|  | Tubing Pressure                         | Casing Pressure   | Choke Size   |                     |
| Length of Test   |   |   |  |                     |
| Actual Prod. During Test   | Oil-Bbls.                               | Water - Bbls.   | Gas - MCF  |                     |
| 7.01.00  |   |   |  |                     |
|  |   |   |  |                     |
| GAS WELL   |   |   |  |                     |
| Actual Prod. Test-MCF/D  | Length of Test                          | Bbls. Condensate/MMCF                                   | Gravity of Conden  | 941 <b>8</b>        |
|  |   | Casing Pressure (Shut-i                                 | Choke Size   |                     |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)               | Cosing Pressure (Succ.)                                 | ,  |                     |
|  |   |   | NSERVATION COMMIS  | SION                |
| VI. CERTIFICATE OF COMPLIA   | INCE                                    | III OIL CO  | the state of the same  |                     |
|  |   | APPROVED  |  | , 19                |
|  | nd regulations of the Oil Conservation  |   | Gressett   |                     |
| Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |   |   |  |                     |
| •  |   | TITLE   | AND GAS INSPECTOR  |                     |
|  |   |   | - filed in compliance with a                                 | 111 F 110A:         |
|  |   | - 11  | e filed in compliance with F<br>at for allowable for a newly | drilled or deepen   |
| Livais Th  | word.                                   |   |  | on of the deviati   |
|  | 17 IS                                   | well, this form must be                                 | il in accordance with RULE                                   | OII OI LING GOVIEN  |

(Title)

(Date)

Unit Operator

June 25, 1969

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.