| BTATE OF NEW MEXICO<br>ERGY AND MINERALS DEPARTMENT   | OIL CONSERVA<br>P. O. BO            |  | form C-104<br>Revised 10-1-78<br><b>RECEIVED</b> |
|---|-------------------------------------|--|--|
| FANIA FE         F           FILE         F           VL80.8.         F           LAND DFFICE         DIL   | SANTA FE, NEW MEXICO 87501          |  | JUN 24 1983                                      |
| AND<br>AND<br>AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS<br>FROMATION OFFICE  |                                     | O. C. D.<br>ARTESIA, OFFICE  |  |
|   | il Company 🗸                        | <u> </u>   | · · · · · · · · · · · · · · · · · · ·            |
| Address<br>P. O. Box 128, Loco Hills, New Mexico 88255<br>Reason(s) for filing (Check proper box)<br>Other (Please explain)   |                                     |  |  |
| New Well     Change in Transporter of:     Change in Lease Name       Recompletion     Dil     Dry Gas     Brewer       Change in Ownership     Casingheod Gas     Condensate     Brewer  |                                     |  |  |
| and address of previous owner   |                                     |  |  |
| DESCRIPTION OF WELL AND<br>Lease Name<br>E Hi Lonesome Fed  | 7 High Lonesome                     | Grand State, Federal   | or Food Federal                                  |
| E 198<br>Unit Letter;   | 30 North<br>Feel From TheLin        | • and Feet From 7  | West   |
| Line of Section 13 T.   | vnshlp 16-S Range                   | 29-Е , <sub>ММРМ</sub> ,   | Eddy County                                      |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Nome of Authorized Transporter of Cil X       or Condensate         Navajo Refining Company       Pipeline Division         P.O Box 159       Artesia         Name of Authorized Transporter of Casingheed Gas       or Div Gas         Name of Authorized Transporter of Casingheed Gas       or Div Gas |                                     |  |  |
| If well produces oil or liquids,<br>give location of tanks,   | Unii Sec. Twp. Rge.<br>A 14 16S 29E | Is gas actually connected? Whe<br>NO I   |  |
| If this production is commingled with that from any other lease or pool, give commingling order number:           . COMPLETION DATA           OII Well         Gas Well         New Well         Workover         Deepen         Plug Back         Same Res'v.         Diff. Res'v.   |                                     |  |  |
| Designate Type of Completic   | on – (X)                            |  | P.B.T.D.   |
| Date Spudded  | Date Compl. Ready to Prod.          | Total Depth  | Tubing Depth                                     |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation         | Top Oil/Gas Pay  | Depth Casing Shoe                                |
| TUBING, CASING, AND CEMENTING RECORD  |                                     |  |  |
| HOLE SIZE   | CASING & TUBING SIZE                | DEPTH SET  | SACKS CEMENT                                     |
|   |                                     |  |  |
|   |                                     | l  | i<br>and must be equal to or exceed top allow-   |
| . TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-<br>able for this depth or be for full 24 hours)         OIL WELL       (Dote of Test         I Date First New Oil Run To Tonks       (Dote of Test   |                                     |  |  |
| Length of Test  | Tubing Pressure                     | Casing Pressure  | Choke Size JG V N                                |
| Actual Prod. During Test  | Oli-Bbie.                           | Water-Bbls.  | GOB-MEF NO ONNO                                  |
|   |                                     |  |  |
| GAS WELL<br>Actual Prod. Tost-MCF/D   | Length of Test                      | Bble. Condenaute/MMCF  | Gravity of Condensate                            |
| Testing Method (pitol, back pr.)  | Tubing Presewe (shut-in)            | Caeing Pressue (Sbat-in)   | Choke Size                                       |
| CERTIFICATE OF COMPLIANO  | CE                                  | DIL CONSERVATION DIVISION<br>JUN 2 8 1983  |  |
| I hereby certify that the rules and regulations of the Oll Conservation<br>Division have been complied with and that the information given<br>above is true and complete to the beat of my knowledge and belief.  |                                     | Original Signed By BYLeslie A. Clements  |  |
|   |                                     | Supervisor District II   |  |
| Lendell N. Hawkins (Superintendent  |                                     | This form is to be filed in compliance with RULE 1104.<br>If this is a request for allowable for a newly drilled or deepened<br>well, this form must be accompanied by a tabulation of the deviation<br>tests taken on the well in accordance with RULE 111.<br>All sections of this form must be filled out completely for allow-<br>able on new and recompleted wells. |  |
| april 11, 1983<br>(Date)  |                                     | Fill out only Sertions 1, 11, 111, and VI for changes of owner.<br>Fill out only Sertions 1, 11, 111, and VI for changes of condition.<br>Well name or number, or transporter, or other such change of condition.  |  |

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