2,000,000,000		1	3
DISTRIBUTI	ON		
SANTA FE		1	
FILE		17	1
ป.S.G.S.		1	
LAND OFFICE			1
TRANSPORTER	OIL		
	GAS		
OPERATOR		1	
PROPATION OF			

NEW MEXICO OIL CONSERVATION COM. SION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

PRIMATION OF FICE PROPERTY
PRODUCTION OFFICE Distance D
DESCRIPTION OF WELL AND LEAST Leases None High Contenting Township give name Fred M. Newman 1618 Dengar Midland, TX 79701 DESCRIPTION OF WELL AND LEAST Leases None High Contenting Township give name Fred M. Newman 1618 Dengar Midland, TX 79701 DESCRIPTION OF WELL AND LEAST Leases None High London State State South Line and address of previous owner. Pearose Unit 5 Migh Lonesone Cheen State, Federal at 7 ms Fed Line of Section 15 Township 165 Designation of Taxasportry of Only State S
Reson(s) for filing (Check proper box) New Well Recompletion Chamge in Check proper box) Chamge in Check proper box Chamge in Check proper of the Check proper pr
Reason(s) for filling (Check proper box) New wiel: Change in Transporter of: Other (Please explain) Change in Transporter of: Castingheed Graph Inc. Castingheed Graph Inc. Feet From The South Line and State. Feet From The South Feet From The South Line and State. Feet From The South Feet From T
New well Recompletion Change in Ownership Recompletion Change of ownership give name Fred M. Newman 1618 Dengar Midland, TX 79701 If change of ownership give name Fred M. Newman 1618 Dengar Midland, TX 79701 DESCRIPTION OF WELL AND LEASE Lease Name 1181 JOHOGOLL 581 No. People No. Pe
Recompletion Casinghead Case Condensate Condensate Casinghead Case Casinghead Case Condensate Casinghead Case Casinghead Casinghead Case Casinghead Case Casinghead Case Casinghead Casinghead Case Casinghead Casinghead Case Casinghead Case Casinghead Case Casinghead Ca
If change of ownership give name Fred M. Newman 1618 Dengar Midland, TX 79701 DESCRIPTION OF WELL AND LEASE Lease Name (111) DENGANCE Well No. Beet Page Including Formation Fenciose Unit 5 Bigh Lonesome Queen Line of Section 15 Tewnship Line of Section 15 Tewnship Line of Section 15 Tewnship BOSCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Alabasies Transporter of Oil Tewnship Address (Give address to which approved copy of this form is to be sent) White Letter 1 Tewnship Address (Give address to which approved copy of this form is to be sent) Watch in jection well If well produces oil or liquids, the sent of trans. Designate Type of Completion — (X) Dete Spudded Dete Compl. Ready to Prod. Tubing Despin Perforetions TUBING, CASING, AND CEMENTING RECORD TUBING, CASING, AND CEMENTING RECORD TUBING, CASING, AND CEMENTING RECORD 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 allowable for this depth or be for full 24 hours) Determine The Casing Pressure Coaing Pressure Check Size Address (Flow, pump, gas life, etc.)
DESCRIPTION OF WELL AND LEAST Lease Name HIST LOCICE S. Bigh Lonesone Cheen State, Federal or Fee Rod Red Feel State, Feel State, Feel State, Feel State, Feel From The Line and State, Feel State, Feel State, Feel State, Feel Rod Red Feel State, Feel State, Feel Rod Red Feel Rod Red Feel State, Feel Rod Red Feel Rod Red Feel State, Feel Rod Rod Rod Red Feel Rod Rod Red Feel Rod Rod Rod Red Rod Rod Red Rod Rod Rod Rod Rod Rod Rod Rod Rod Ro
Pent Promose Unit 50 High Lonesome Cheen State, Federol or Fee Fed Right Lonesome Cheen State, Federol or Fee State, Federol or Fee Fed Right Lonesome Cheen State, Federol or Fee Fed Right Lonesome Cheen State, Federol or Fee State, Federol or Fee Fed Right Federol or Fee Federol or Fe
Percess Unit 50 High Lonesome Queen State, Federol or Fee Fed No. 1522 Location Unit Letter J 2310 Feet From The South Line and 2510 Feet From The Line of Section 15 Township 165 Range 29E NMPM. County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) What or Injoction well. If well produces oil or liquids, Unit See, Town Fee Fee Is gas actually connected? When County I well or Condensate I say a certually connected? When County I say actually connected? When County
Line of Section 15 16S 16S 29E NMPM, Eddy County
Line of Section 15 Township 16S 29E , NMPM. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Oil or Condenance Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Waster injection well If well production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE Depth SET SACKS CEMENT TUBING REAVER (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Orsinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Designate Transporter of Orsinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Frod. Date Oil Well Gas Well Workover Despen Plug Back Same Restv. Diff. Restv. Date Spudded Date Compl. Ready to Frod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Tubing Casing, AND CEMENTING RECORD Able First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas life, etc.) Length of Test Tubing Pressure Coasing Pressure Choke Size
Designation of Transporter of Oil and Natural Gas Address (Give address to which approved copy of this form is to be sent)
Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of
Water injection well If well produces oil or liquids, qive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion - (X) Date Compl. Ready to Prod. Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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 allowable for this depth or bis for full 24 hours) Producing Brod. Duting Table Casing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size
If well production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Completion — (X) Date Completion — (X) Date Spudded Date Completion — (X) Date Completion — (X) Date Spudded Date Completion — (X) Date Completion — (X) Date Completion — (X) Date Spudded Date Completion — (X) Date Completion — (X) Date Completion — (X) Date Completion — (X) Date Spudded Date Completion — (X) Date
If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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 allowable for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size Actual Pred Dates Test
Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Elevations (DF, RKB, RT, GR, etc.) Date Spudded TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET 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 allowable for this depth of Dest Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Choke Size Pidit Res'v. Diff. Res'v. Depth Sack Same Res'v. Diff. Res'v. Depth Plug Back Same Res'v. Diff. Res'v. Depth Sack Sack Sack Sack Sack Sack Sack Sack
Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Osl/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Actual Prod. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Diff. Restv. Deepth P.B.T.D. Tubing Depth Depth Casing Shoe Tubing Depth SACKS CEMENT Froducing Method (Flow, pump, gas lift, etc.) Length of Test Choke Size
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Otl/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Choke Size
Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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 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
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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 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 Actual Prod. During Test. OIL Block Actual Prod. During Test.
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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 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 Actual Read During Test OUR Date Actual Read During Test
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Tubing Pressure CASING & TUBING SIZE DEPTH SET SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT Frequency Sacks Cement Sack
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil Rule Color Rule
Date First New Oil Run To Tanks Date of Test Date of Test Date of Test Date of Test Casing Pressure Casing Pressure Choke Size
Date First New Oil Run To Tanks Date of Test Date of Test Date of Test Date of Test Casing Pressure Casing Pressure Choke Size
Date First New Oil Run To Tanks Date of Test Date of Test Date of Test Date of Test Casing Pressure Casing Pressure Choke Size
Date First New Oil Run To Tanks Date of Test Date of Test Date of Test Date of Test Casing Pressure Casing Pressure Choke Size
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod During Test
Actual Prod. During Test
Water-Bbls. Gas-MCF Gas-MCF
GAS WELL CF QV
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
G.IOKE SIZE
CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION
hereby certify that the rules and regulations of the Oil Conservation APPROVED SEP 2 9, 1978
Commission have been complied with and that the information given
CUDERVICOR 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
(Signature) 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.

. . .

•

To the second of the second