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| U.S.G.S. | | | <u> </u> |
| LAND OFFICE | | | <u> </u> |
| TRANSPORTER | OIL | : | |
| | GAS | | |
| OPERATOR | | Li | <u> </u> |
| TOTAL TION OFFICE | | 1 | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| į | LAND OFFICE | IV = D | | | | |
|---|--|---|---|--------------------------------------|--|--|
| | TRANSPORTER OIL | RECEIVED | | | | |
| - | GAS | | | | | |
| _ } | PROPATION OFFICE NOV - 7 1973 | | | | | |
| 1. | PROPATION OFFICE Perdor Hal II. Stierwalt | | | | | |
| P.O. LON 690, Roswell, New Mexico 88201 ARTESIA, OFFICE | | | | | | |
| | | | | | | |
| | Reason(s) for filing (Check proper box) | D The second of | | | | |
| | New Well Recompletion | Dry Gas | | | | |
| | Change in Ownership | Casinghead Gas Condensate | | | | |
| l | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | |
| TO THE PARTY AND LEACE | | | | | | |
| 11. | DESCRIPTION OF WELL AND I | Well No. Pool Name, Including For | | Lease No. | | |
| | So. Undo: Jederal. | Undor federal 2 vest henshaw, Grayburg State, Federal or Fee gled 11/06/107 | | | | |
| | Location 7030 | | | | | |
| | Unit Letter ; 3320 Feet From The North Line and 1930 Feet From The West | | | | | |
| | Line of Section Tow | nship 16-R S Range 30 | - NMPM, Ede | County | | |
| | Line of Section — | | | | | |
| III. | DESIGNATION OF TRANSPORT | ER OF OIL AND NATURAL GAS | Address (Give address to which approve | ed copy of this form is to be sent) | | |
| Name of Authorized Transporter of State | | | | e ew dexico do210 | | |
| | Name of Authorized Transporter of Cas | inghead Gas R or Dry Gas | Address (Give address to which approve | ed copy of this form is to be sent) | | |
| | Jontinengal Cal Jon | Jany | Ton 179, houston, | 161:28 77001 | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Is gas actually connected? When | n | | |
| | give location of tanks. | K 1 16-830-E | | o-10-61 | | |
| | If this production is commingled wit | h that from any other lease or pool, g | ive commingling order number: | | | |
| IV. | COMPLETION DATA | 011 11011 | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Completion | n = (X) | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | | 6 Feedural Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | 100 011, 011 1 1, | | | |
| | Perforations | | | Depth Casing Shoe | | |
| | | | | | | |
| | | | CEMENTING RECORD DEPTH SET | SACKS CEMENT | | |
| | HOLE SIZE | CASING & TUBING SIZE | 52.11152. | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| V | | ST 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) | | | | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lif | t, etc.) | | |
| | Date First New On Hair 10 1 min | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| | | Oil - Bbls. | Water - Bbls. | Gas-MCF | | |
| | Actual Prod. During Test | On-22.5. | | | | |
| | | | | | | |
| | GAS WELL | | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | Actual Prod. Test-MCF/D | Length of Test | BDIS. Condensate/ MINICI | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| | | | | | | |
| V | I. CERTIFICATE OF COMPLIAN | ICE | 11 | ATION COMMISSION | | |
| | I 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. | | APPROVED NOV 8 1973 , 19, 19 | | | |
| | | | APPROVED (1) A Gressett | | | |
| | | | BY W. C. | West (| | |
| | | | TITLE QIL AND GAS ASPECTOR | | | |
| | | | This form is to be filed in compliance with RULE 1104. | | | |
| | | | | | | |
| (Signature) | | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | | |
| | (Title) 11-6-22 (Date) | | All sections of this form must be filled out completely for allow- | | | |
| | | | able 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. | | | |
| | | | | | | |
| (Date) | | Separate Forms C-104 must be filed for each pool in multiply | | | | |

Separate Forms C-104 must be filed for each pool in multiply completed wells.