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| TRANSPORTER | OIL | / |
| | GAS | |
| OPERATOR | | / |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

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

OCT 5 1976

| | | | |
|--|--------------------------|---|---|
| Operator William F. Dooley | | O.C.C. ARTESIA, OFFICE | |
| Address P.O. Box 37, Loco Hills, N.M. 88255 | | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well | <input type="checkbox"/> | <input checked="" type="checkbox"/> Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input checked="" type="checkbox"/> Dry Gas |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|--------------------------|
| Lease Name Shearn Federal | Well No. 2 | Pool Name, Including Formation Empire Yates Seven-Rivers | Kind of Lease State / Federal / Fee | Lease No. N.M. 070603 |
| Location Unit Letter H, 1650 Feet From The N Line and 990 Feet From The | | | | |
| Line of Section 14 Township 17S. Range 27, NMPM, Eddy County | | | | |

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|---|---|------------|------------|------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing | Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, N.M. 88210 | | | |
| 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) | | | |
| If well produces oil or liquids, give location of tanks. | Unit H | Sec. 14 | Twp. 17 | Rge. 27 |
| | Is gas actually connected? no | | | |

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

II. COMPLETION DATA

| | | | | | | | | |
|--|--|----------------------------|--|----------|--------|-----------|------------|-------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> XXX | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
| Date Spudded 4/17/69 | Date Compl. Ready to Prod. 5/20/69 | Total Depth 450 | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3483GL | Name of Producing Formation Empire Yates revers | Top Oil/Gas Pay 412-419 | Tubing Depth 411 | | | | | |
| Perforations 412-419 | Depth Casing Shoe 450 | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 10 | 8 5/8 x 2 x 3/8 | 450 | 100 |

III. 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 5/20/69 | Date of Test 5/20/69 | Producing Method (Flow, pump, gas lift, etc.) pump | |
| Length of Test 24 | Tubing Pressure 0 | Casing Pressure 0 | Choke Size 2 |
| Actual Prod. During Test 1 | Oil-Bbls. 1 | Water-Bbls. 0 | Gas-MCF T.S.T.M. |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

IV. CERTIFICATE OF COMPLIANCE

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.

William F. Dooley
(Signature)
Operator
(Title)
9/27/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 5 1976
BY *W.A. Gressitt*
TITLE SUPERVISOR, 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 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.

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