

|                        |  |
|------------------------|--|
| BY APPOINTMENT         |  |
| DISTRIBUTION           |  |
| SALES                  |  |
| FILE                   |  |
| MAIL                   |  |
| LAND OFFICE            |  |
| TRANSPORTER            |  |
| OPERATOR               |  |
| ADMINISTRATIVE OFFICER |  |
| UPSTATER               |  |

RECEIVED

APR 9 1980

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Gene A. Snow

Address

Box 161, Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter oil  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Condensed Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|                 |             |                                                |                             |           |          |      |               |        |
|-----------------|-------------|------------------------------------------------|-----------------------------|-----------|----------|------|---------------|--------|
| Lease Name      | Well No.    | Pool Name, Including Ownership                 | Kind of Lease               | Lease No. |          |      |               |        |
| R & S State     | 1           | Red Lake, <del>Premier</del> <sup>P-S-SA</sup> | State, Federal or Fee State | K-6845    |          |      |               |        |
| Location        | Unit Letter | 1980                                           | Feet From The               | FWL       | Line and | 1980 | Feet From The | FSL    |
| Line of Section | 7           | Township                                       | 17S                         | Range     | 28E      | NMDR | Eddy          | County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                         |                                                                                |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                   | Address (Give address to which approved copy of this form is to be sent)       |
| Name of Authorized Transporter of Condensed Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 74004 |
| Phillips Petroleum Co.                                                                                                  | 5 B4 Phillips Bldg. Bartesville, OK                                            |
| If well produces oil or liquids,<br>give location of lease.                                                             | Unit: Sec. Twp. Rng. Is gas naturally compressed? When                         |
| K 7 17S 28E                                                                                                             | Yes 4-8-80<br>3-5-80                                                           |

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

TESTING DATA

|                                         |                                                                                                                                                                                                                                                                                                               |             |               |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|
| Designation of Type of Completion - (X) | Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> No Flow <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Reciproc <input type="checkbox"/> Plug, Lost <input type="checkbox"/> Cemented <input type="checkbox"/> Drill. Re-entry <input type="checkbox"/> |             |               |
| Completion Date                         | Well Completion Date                                                                                                                                                                                                                                                                                          | Well No.    | Lease No.     |
| 3-31-77                                 | 11-4-77                                                                                                                                                                                                                                                                                                       | 2362        | 1930          |
| Drill. Date, Rod, RT, OK, etc.          | Name of Producing Formation                                                                                                                                                                                                                                                                                   | Top of Well | Grating Depth |
| G R 3467                                | Premier                                                                                                                                                                                                                                                                                                       | 1676-1687   | 1799          |
| Perforations                            |                                                                                                                                                                                                                                                                                                               |             | Grating Depth |
| 1677-1687 2 SPF                         |                                                                                                                                                                                                                                                                                                               |             | 2362          |

TESTING DATA AND ANALYSIS FOR ALLOWABLE

|          |           |          |           |
|----------|-----------|----------|-----------|
| Well No. | Lease No. | Well No. | Lease No. |
| 11       | 8 5/8     | 341      | 135       |
| 7 7/8    | 4 1/2     | 2130     | 450       |
|          |           |          |           |
|          |           |          |           |

TEST DATA AND ANALYSIS FOR ALLOWABLE (This test is a minimum of 12 hours and must be equal to or greater than 100% of the test results for the first 24 hours)

|                          |                  |                  |               |
|--------------------------|------------------|------------------|---------------|
| Test Date                | Test Time        | Test Results     | Test Results  |
| 11-4-77                  | 24 hrs.          | 2362             | 1930          |
| Length of Test           | Testing Pressure | Testing Pressure | Grating Depth |
|                          |                  |                  |               |
| Actual Prod. During Test | Oil-Bbls.        | Water-Bbls.      | Gas-MCF       |
|                          |                  |                  |               |

GAS WELL

|                                     |                           |                            |               |
|-------------------------------------|---------------------------|----------------------------|---------------|
| Actual Prod. Test-MCF/D             | Length of Test            | Grating Depth              | Grating Depth |
| 52                                  | 24 hrs.                   | 0                          | -             |
| Testing Method (piston, back, etc.) | Tubing Pressure (shut-in) | Grating Pressure (shut-in) | Grating Depth |
|                                     | 20                        | 450#                       | 20/64         |

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Gene A. Snow*  
(Signature)  
*11-4-77*  
(Date)  
*11-4-77*  
(Date)

OIL CONSERVATION DIVISION

APR 18 1980

APPROVED BY *W. A. Gessert*  
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 location of this deviate 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 C, H, I, and V for change of well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each well in multiple completion wells.

OIL CONSERVATION COMMISSION

BOX 1980

HOBBS, NEW MEXICO

RECEIVED

APR 16 1980

O. C. D.  
ARTESIA, OFFICE

NOTICE OF GAS CONNECTION

DATE April 15, 1980

This is to notify the Oil Conservation Commission that connection for  
the purchase of gas from the Gene A. Snow,  
Operator  
R+S State  
Lease, \*/ K, 7-17-28, Red Lake/,  
Well Unit S.T.R. Pool  
Phillips Petroleum Company, was made on April 8, 1980.  
Name of Purchaser

Phillips Petroleum Company  
Purchaser

K E Moore  
Representative - K. E. Moore

Gas Tester Supervisor  
Title

cc: To Operator

Oil Conservation Commission - Santa Fe