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| TA FE | | | |
| G.S. | | | |
| OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

RECEIVED

FEB 16 1976

TA

I. OPERATOR

Operator **Fair Oil, Ltd.**

Address **P. O. Box 689, Tyler, Texas 75701**

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter ☐ Other (Please explain)

Recompletion ☐ Oil ☐ Gas ☐

Change in Ownership ☒ Casinghead Gas ☐

If change of ownership give name and address of previous owner **Fair Oil Company, P. O. Box 689, Tyler, Texas 75701**

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|----------------------|--|--|-----------------------|----------------------------|
| Lease Name State "A" | Well No. 6 | Pool Name, Including Formation Grayburg Jackson (SR Q.C. SA) | Kind of Lease State, Federal or Fee | State State | Lease No. B-2023 |
| Location Unit Letter E ; 1650 Feet From The North ; 330 Feet From The West Line of Section 36 Township 17S Range 29 E , NMPM, Eddy County | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|-------------------|--------------------|---------------------|---|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) Midland, Texas | | | | | |
| 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 E | Sec. 36 | Twp. 17S | Range 29E | Is gas actually connected? No | When |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-------------|----------|-------------------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'ty. | Diff. Res'ty. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

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

VI. 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.

W. G. Gressett
(Signature)

Agent

(Title)

2-11-76

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 19 1976

BY *W. G. Gressett*

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.