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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
R E C E I V E D

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

FEB 25 1972

I. Operator **Kennedy Oil Co., Inc. ✓ O. C. C.**
Address **Box 151 Artesia, New Mexico 88210**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Change of lease name & well number.
Formerly: W.D. McIntyre D Tr. 1 # 9
Effective: March 1, 1972**
If change of ownership give name and address of previous owner **Atlantic Richfield Company P.O. Box 1978 Roswell, New Mexico 88201**

II. DESCRIPTION OF WELL AND LEASE

| | | | | | | | | | |
|-------------|------------------------------|----------|------------|--------------------------------|----------------------------------|---------------------|----------------|-----------|------------------|
| Lease Name | McIntyre | Well No. | 3 | Pool Name, including Formation | Grayburg Jackson (O.G.SA) | Kind of Lease | Federal | Lease No. | MM 074936 |
| Location | N 660 South 1980 West | | | | | | | | |
| Unit Letter | 17 | Township | 17S | Range | 30E | , 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 Pipeline Company | | | Address (Give address to which approved copy of this form is to be sent) | | P.O. Box 1510 Midland, Texas 79701 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Continental Oil Company | | | Address (Give address to which approved copy of this form is to be sent) | | P.O. Box 2197 Houston, Texas 77001 |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec 17 | Twp 17S | Range 30E | Is gas actually connected? | Yes |
| | | | | | When | 4/9/61 |

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'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/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)

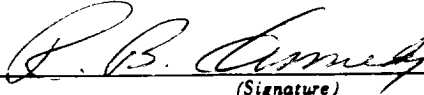
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - 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.


(Signature)
Vice President
(Title)

OIL CONSERVATION COMMISSION

APPROVED **202 1972**, 19
BY **W. A. Grissett**
TITLE **OIL AND GAS INSPECTOR**

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 allow-