Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Enc. by, Minerals and Natural Resources Department.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVER C-104 Revised 1-1-89
See Instructions at Bottom of Page

JAN 10 '90

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. J. J. ARTESIA, OFFICE

| Socorro Petroleum Company  Socorro Petroleum Company  Socorro Petroleum Company  Address P.O. Box 38, Loco Hills, NM 88255  esson(a) for Filing (Check proper box)  we Well  | •  | 10 11 1/                            | WO OIT OIL                            | 7.11.5 7.11.11.11.11.11.11.11.11.11.11.11.11.11 | Well AP        | No.                         | · · · · · · · · · · · · · · · · · · · | <del></del> |  |
|--|--|-------------------------------------|---------------------------------------|---|----------------|-----------------------------|---------------------------------------|-------------|--|
| Associated Thing Check proper Note with about 11 to 11 | Operator Company   |                                     |                                       |   |                |                             |                                       |             |  |
| P.O. Dox 38, JOSO HILLS, NM 80255  action   Charge fing (Christ proper boar)   Charge in Transporter of   Other (Please explain)    conclusions of Continue for Proper boar)   Other (Please explain)    change in Operator Name   Change in Transporter of   Other (Please explain)    change in Operator Name   Change in Change in Condensus   Effective January 1, 1990    Change in Operator Name   Change in Condensus   Effective January 1, 1990    Change in Operator Name   Change in Condensus   Change in Operator Name   Condensus   Change in Operator Name   Change i |  | лпрану                              | <del></del>                           |   | l              |                             |                                       |             |  |
| Change in Temporary Buy   Change in Temporary   Change in Operator Name   Change in Operator N   |  | 11s. NM 882                         | 255                                   |   |                |                             |                                       | 1           |  |
| Change in Temporator of Congress of Change in Operator Name Consciption   On   Dp Css   Change in Operator Name   Change of Operator Name   Change of Operator Name   Change of Operator   Change of   |  | 110, 111                            |                                       | Other (Please explain)                          |                |                             | <del></del>                           |             |  |
| Compelion  | <del>(</del> )   | Change in                           | n Transporter of:                     |   |                |                             |                                       |             |  |
| Contents   Contents   Contents   Effective January 1, 1990   | <u>—</u>   | Oil Dry Gas Change in Operator Name |                                       |   |                |                             |                                       |             |  |
| Company of the same and defense of persons operated   Company of the same share   Co   | · cm.  | <del></del>                         |                                       | Effective Janua                                 | ary 1,         | 1990                        |                                       |             |  |
| DESCRIPTION OF WELL, AND LEASE   And the first with with the fir   |  |                                     |                                       | v 2879. Victoria.                               | TX 77          | 901                         |                                       |             |  |
| Leave Name   Lea   | nd address of previous operator Hall                           | COLU OLL COM                        | bally, F.O. Bo                        | X 20137 VICOULIU                                |                |                             |                                       | <del></del> |  |
| Section   Sect   | I. DESCRIPTION OF WELL A                                       |                                     |                                       |   |                |                             | 1                                     | ·           |  |
| Continue    | Lease Name H. F. Wort "A"                                      |                                     |                                       |   |                |                             |                                       |             |  |
| Unit Letter A : GLOO Free From The North Line and 330 Feet From The County  1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  Vane of Audionized Transporter of Oil Transporter of Company  1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  Vane of Audionized Transporter of Oil Transporter of Company  1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  Vane of Audionized Transporter of Chainghead Gas   | Location   |                                     | 1 1 3                                 |   |                |                             | L ,                                   |             |  |
| Section   3   Township   17S   Range   31E   NMPM   Eddy   County  | $\Lambda$ .  | · lelel                             | _ Feet From The N                     | orth Line and 331                               | S Feet         | From The                    | <u>ast</u>                            | Line        |  |
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Same of Authorized Transporter of Company  or Condensate  or Condensate | 2  |                                     |                                       |   |                |                             |                                       |             |  |
| Name of Authorized Transporter of Oil Texts—New Mexic to PipeTine Company P.O. Dox 2529, Hobbs, NM 88240 P.O. Dox 2529, Hobb | Section S Township   | , 17S                               | Range 31E                             | , NMPM,   | Eddy           |                             |                                       | County      |  |
| Name of Authorized Transporter of Oil Texts—New Mexic to PipeTine Company P.O. Dox 2529, Hobbs, NM 88240 P.O. Dox 2529, Hobb | III. DESIGNATION OF TRANS                                      | SPORTER OF O                        | DIL AND NATU                          | RAL GAS   |                |                             |                                       |             |  |
| Name of Authorited Transporter of Casinghead Gas Continental 10.1 Company  If well produces of or Highles, I Unit Sec. Twp. Rge. It says actually connected?  If well produces of or Highles, I When 7 \ 1-13-89  If well produces of or Highles, I When 7 \ 1-13-89  If well produces of or Highles, I When 7 \ 1-13-89  If we location of tanks.  Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepen Plug Back [Same Resv. Diff Resv. P. D. Date Speaked Date Compl. Ready to Prod.  Dies Spaaked Date Compl. Ready to Prod.  Dies Spaaked Date Compl. Ready to Prod.  Dies Spaaked Date Compl. Ready to Prod.  Top Oild Gas Pays  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  For TID - 3  2 - 2 - 20  Large of Test Data And Request For All Lowable College of test of this depth or be for full 24 hours.)  Dute Fina New Oil Run To Tank  Date of Test  Tubing Pressure  Actual Prod. During Test  Oil - Dibts.  Gas Well Workover Deepen Plug Back [Same Resv. Diff Resv. D |  |                                     |                                       | Address (Give address to which                  | approved o     | opy of this form            | is to be sens                         | ,           |  |
| Twelt produces oil or liquids,   Date   Twelt produces oil or liquids,   Date   Twelt produces oil or liquids,   Date   Tree   Date     | Texas-New Mexico Pip   | p <b>eti</b> ne Compa               | ny 🗀                                  |   |                |                             |                                       |             |  |
| A   175   31E   CS   1-15-80   |  |                                     | or Dry Gas                            | Address (Give address to which P.O. Box 460,    | Hobbs ,        | opy of this form<br>NM 8824 | n is to be sent<br>O                  | )           |  |
| This production is commingled with that from any other lease or pool, give comminging order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Dit 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.  Designate Type of Completion - (X)  Date Compl. Ready to Prod.  Total Depth P.B.T.D.  P.B.T.D.  Total Depth P.B.T.D.  SACKS CEMENT P.B.T.D.  SACKS CEMENT P.B.T.D.  SACKS CEMENT P.B.T.D.  Total Depth P.B.T.D.  SACKS CEMENT P.B.T.D.  Casing Pressure  Chair Pressure  Chair Pressure  Chair Pressure  Chair Pressure (Shid in)  Chair Pres | If well produces oil or liquids,                               | •                                   |                                       | 1   | When 7         | \ _'                        | 13-59                                 |             |  |
| Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Date Spudded  Date Compl. Ready to Prod.  Top Oil/Gat Pay  Depth Depth Depth Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  ACKSING A TUBING SIZE  DEPTH SET  Part ID - 3  2 - 9 - 90  ACKS CEMENT  Part ID - 3  2 - 9 - 90  ACKS CEMENT  Producing Method (Flow, pump, gas life, etc.)  Date First New Oil Rus To Tank  Date of Test  Actual Prod. During Test  Oil - Dbls.  Date Dist.  Tubing Pressure  Casing Pressure  Casing Pressure (Shut-in)  Date Dist.  Date Of Test  Date Dist.  Date Of Test  Date Of Test  Date Oil - Dbls.  Date Dist.  Date Di | -  | -                                   | <del>l</del>                          | l   |                | <u> </u>                    |                                       |             |  |
| Designate Type of Completion - (X)  Date Spadded  Date Compl. Ready to Prod.  Date Spadded  Date Compl. Ready to Prod.  Date Compl. Ready to Prod.  Date Spadded  Date Compl. Ready to Prod.  Date Compl. Ready to Prod.  Top Oil/Gat Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Past ID - 3  2 - 9 - 80  Length of Text  Date first New Oil Run To Tank  Date of Text  Date of Text  Date of Text  Length of Text  Actual Prod. Text - MCP/D  Length of Text  Oil - libls.  Water - libla.  VI. OPERATOR CERTIFICATE OF COMPLIANCE Interby certify that the rules and regulations of the Oil Conservation Division have been complied with add that the information given above is true and copplete to the best of my knowledge and belief.  Water - Water |  | from any other lease o              | or pool, give comming                 | ing order number:                               |                |                             | <del> </del>                          | <del></del> |  |
| Designate Type of Completion - (X)  Date Speaded  Date Compl. Ready to Prod.  Date Speaded  Date Compl. Ready to Prod.  Total bepth  Total bepth  Depth Casing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Part ID - 3  2 - 9 - 80  Length of Test  Date of Test  Casing Pressure  Casing Pressure  Choke Size  VI. OPERATOR 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 copyrighte to the best of my knowledge and belief.  Signature  Printed Name  Table  Superior Society  Manager  Printed Name  Table  Superior Society  Title  Superior Society  Total Society  T | IV. COMPLETION DATA  | loaw                                | ell Gae Well                          | New Well   Workover                             | Deepen         | Plug Back  S                | ame Res'v                             | Diff Res'v  |  |
| Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Tubing, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Part ID-3  2-9-20  Large port of this depth or be for full 24 hours.)  Date First New Oil Run To Tesk  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Chick Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my trowledge and belief.  Signature  Ben D. Gould  Manager  Printed Name  Tubing Pressure  Name of Producing Formation Depth Casing Shoe  DEPTH SET  SACKS CEMENT  Part ID-3  2-9-20  Large port of this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas life, etc.)  Casing Pressure  Casing Pressure  Chick Size  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Chick Size  OIL CONSERVATION DIVISION  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT II  Title SUPERVISOR, DISTRICT II  Title SUPERVISOR, DISTRICT II  Title SUPERVISOR, DISTRICT II  | Designate Type of Completion                                   |                                     | 1                                     | 1 1 1   | Deepen         | 1128 2202                   |                                       | j           |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Part ID - 3  2 - 2 - 2 0  Legal ID | Date Spudded   | · · ·                               | to Prod.                              | Total Depth                                     |                | P.B.T.D.                    |                                       | A           |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Part ID - 3  2 - 2 - 2 0  Legal ID |  |                                     |                                       | On COLESS Pau                                   |                |                             |                                       |             |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Foul TID - 3  2 - 9 - 90  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 Tank  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Gas. MCF  VI. OPERATOR 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.  VI. OPERATOR 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.  VI. OPERATOR 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.  VI. OPERATOR 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.  VI. OPERATOR 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 I true and complete to the best of my knowledge and belief.  VI. OPERATOR 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 I true and complete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the inf | Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation |                                     |                                       | Tubing Depth                                    |                |                             |                                       |             |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Foul TID - 3  2 - 9 - 90  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 Tank  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Gas. MCF  VI. OPERATOR 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.  VI. OPERATOR 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.  VI. OPERATOR 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.  VI. OPERATOR 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.  VI. OPERATOR 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 I true and complete to the best of my knowledge and belief.  VI. OPERATOR 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 I true and complete to the best of my knowledge and belief.  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the inf | Perforations   | 1                                   |                                       | <u> </u>  | <del></del> -  | Depth Casing                | Shoe                                  |             |  |
| HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Part TD - 3  2 - 9 - 90  Length of Test  Length of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Water - Bbla  Gas Well  Actual Prod. During Test  Oil - Bbls.  Water - Bbla  Discondensate/MMCF  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Depth Set  Producing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Depth Set  Producing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Supervisor, DISTRICT 19  Title Supervisor, DISTRICT 19  Title Supervisor, DISTRICT 19  |  |                                     |                                       |   |                |                             |                                       | •           |  |
| HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  Part TD - 3  2 - 9 - 90  Length of Test  Length of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Water - Bbla  Gas Well  Actual Prod. During Test  Oil - Bbls.  Water - Bbla  Discondensate/MMCF  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Depth Set  Producing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Depth Set  Producing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Supervisor, DISTRICT 19  Title Supervisor, DISTRICT 19  Title Supervisor, DISTRICT 19  |  | TURING                              | G CASING AND                          | CEMENTING RECORD                                | )              |                             |                                       | ·····       |  |
| 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 Tank Date of Test  Length of Test  Tubing Pressure  Actual Prod. During Test  Oil - Bibls.  GAS WELL  Actual Prod. During Test  Oil - Bibls.  Water - Bibls.  Under Fressure (Shut-in)  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Division have been complicated with and that the information given above is true and complete to the beat of my knowledge and belief.  Dear D. Gould  Printed Name  Title  Title  SUPERVISOR, DISTRICT II  Title  SUPERVISOR, DISTRICT II  Title  SUPERVISOR, DISTRICT II  Title  SUPERVISOR, DISTRICT II  Title  | HOLE SIZE  |                                     |                                       |   |                | 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Choke Size  Actual Prod. During Test Oil - Dbls. Water - Bbls. Gas-MCF  GAS WELL  Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.  Printed Name Title 1/2/90 505/677-2360  Date Approved  By ORIGINAL SIGNED BY MIKE WILLIAMS Title SUPERVISOR, DISTRICT 19  Title SUPERVISOR, DISTRICT 19   | TIOLE OLE  |                                     |                                       |   |                | Post ID-3                   |                                       |             |  |
| 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 Tank 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 Bbis. Condensate/MNCF Gravity of Condensate  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Printed Name Title  Printed Name Title  1/2/90  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19  Title  SUPERVISOR, DISTRICT 19   |  |                                     |                                       |   |                |                             |                                       |             |  |
| 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 Tank  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Gas WELL  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas MCF  Gas WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  Division have been complied with and that the information given above is true and copplete to the best of my knowledge and belief.  Date Approved  By Original Signed BY  Mike Williams  Title Supervisor, District B  Title Supervisor, District B  Title Supervisor, District B  Title Supervisor, District B  |  |                                     | · · · · · · · · · · · · · · · · · · · |   |                | che on                      |                                       |             |  |
| 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 Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Casing Pressure  Choke Size  Gas-MCF  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Festing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  VI. OPERATOR 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 copplete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title  SUPERVISOR, DISTRICT II  Title  SUPERVISOR, DISTRICT II  Title  SUPERVISOR, DISTRICT II  |  |                                     |                                       |   |                |                             | 0 1                                   |             |  |
| Date First New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Water - Bibls.  Gas. MCF  Casing Pressure  Water - Bibls.  Gas. MCF  Gas. MCF  Gas. MCF  Gas. MCF  Gas. MCF  Gas. MCF  Casing Pressure (Shui-in)  Cloke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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.  Signature  Ben. D. Gould  Manager  Printed Name  1/2/90  Sob/6777-2360  Printed Name  1/2/90  Supervisor, District 19  Title  Supervisor, District 19  |  |                                     |                                       |   |                |                             |                                       |             |  |
| Length of Test  Actual Prod. During Test  Oil - Bibls.  Water - Bibls.  Water - Bibls.  Gas Well  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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.  Water - Bibls.  Water - Bibls.  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  FEB - 9 1990  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT 19  Title SUPERVISOR, DISTRICT 19  | OIL WELL (Test must be after                                   | recovery of total volu              | ne of load oil and mus                |   |                |                             | r full 24 hour                        | s.)         |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Thereby 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.  Signature  Ben D. Gould  Manager  Printed Name  1/2/90  Title  SUPERVISOR, DISTRICT II  Title  Title  SUPERVISOR, DISTRICT II  | Date First New Oil Run To Tank                                 | Date of Test                        |                                       | Producing Method (Flow, pun                     | φ, gas lift, e | IC.)                        |                                       |             |  |
| Actual Prod. During Test  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shui-in)  Tubing Pressure (Shui-in)  Water - Bblk.  Gas-MCF  Gravity of Condensate  Casing Pressure (Shui-in)  Casing Pressure (Shui-in)  Casing Pressure (Shui-in)  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Ben D. Gould  Manager  Printed Name  1/2/90  Title  SUPERVISOR, DISTRICT II  Title  SUPERVISOR, DISTRICT II   |  |                                     |                                       | Casing Bhasaga                                  |                | Choke Size                  |                                       | <del></del> |  |
| GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  VI. OPERATOR 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.  Signature  Ben D. Gould  Manager  Printed Name  1/2/90  Title  SUPERVISOR, DISTRICT IS  Title  Title  SUPERVISOR, DISTRICT IS  | Length of Tex  | Tubing Pressure                     |                                       | Casing ricesure                                 |                |                             |                                       |             |  |
| GAS WELL    Actual Prod. Test - MCF/D   Length of Test     Biblis. Condensate/MNICI*   Gravity of Condensate   | Actual Prod. During Test                                       | Oil - Bbls.                         |                                       | Water - Bbls.                                   |                | Gas- MCF                    |                                       |             |  |
| Casing Pressure (Shui-in)   Casing Pressure (Shui-in)   Casing Pressure (Shui-in)   Choke Size   | _  |                                     |                                       |   |                |                             |                                       |             |  |
| Testing Method (pitot, back pr.)   Tubing Pressure (Shut-in)   Casing Pressure (Shut-in)   Choke Size  | GAS WELL   |                                     |                                       |   |                |                             |                                       |             |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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.  Signature  Ben D. Gould  Manager  Printed Name  1/2/90  Title  505/677-2360  OIL CONSERVATION DIVISION  PEB - 9 1990  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT IS  Title SUPERVISOR, DISTRICT IS  |  | Length of Test                      |                                       | Bbls. Condensate/MNICI                          |                | Gravity of Condensate       |                                       |             |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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.  Signature  Ben D. Gould  Manager  Printed Name  1/2/90  Title  505/677-2360  OIL CONSERVATION DIVISION  PEB - 9 1990  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT II  Title SUPERVISOR, DISTRICT II  |  |                                     |                                       |   |                |                             |                                       |             |  |
| 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.  Signature  Ben D. Gould  Manager  Printed Name  1/2/90  Division have been complied with and that the information given above and belief.  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS SUPERVISOR, DISTRICT IS  Title SUPERVISOR, DISTRICT IS  | Testing Method (pitot, back pr.)                               | Tubing Pressure (S                  | Shut-in)                              | Casing Pressure (Shut-in)                       |                | Choke Size                  |                                       |             |  |
| 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.  Signature  Ben D. Gould  Manager  Printed Name  1/2/90  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT IS  Title SUPERVISOR, DISTRICT IS  |  |                                     |                                       |   |                | 1                           |                                       |             |  |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Ben D. Gould  Printed Name  1/2/90  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS  Title SUPERVISOR, DISTRICT IS  Title SUPERVISOR, DISTRICT IS   | VI. OPERATOR CERTIFIC  | CATE OF CON                         | MPLIANCE                              |   | CEDV           | ATION I                     | אופור                                 | M           |  |
| Signature Ben D. Gould Printed Name 1/2/90  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS SUPERVISOR, DISTRICT IS  Title SUPERVISOR, DISTRICT IS   | I hereby certify that the rules and regi                       | ulations of the Oil Co              | nservation                            | OIL CON   |                |                             |                                       | ЛЧ          |  |
| Signature Ben D. Gould Printed Name 1/2/90  Date Approved  By ORIGINAL SIGNED BY  MIKE WILLIAMS SUPERVISOR, DISTRICT IS  Title SUPERVISOR, DISTRICT IS   | Division have been complied with an                            | FEB - 9 1990                        |                                       |   |                |                             |                                       |             |  |
| Signature Ben D. Gould  Printed Name 1/2/90  By ORIGINAL SIGNED BY  MIKE WILLIAMS SUPERVISOR, DISTRICT II  Title SUPERVISOR, DISTRICT II   | / /  | 7                                   | er.                                   | Date Approved                                   | d b            | - · · ·                     |                                       |             |  |
| Signature Ben D. Gould Manager Printed Name 1/2/90 Signature Mike Williams SUPERVISOR, DISTRICT IS Title SUPERVISOR, DISTRICT IS   |  | 10.1.0                              |                                       |   |                |                             |                                       |             |  |
| Printed Name  1/2/90  Manager  Title  Title  SUPERVISOR, DISTRICT IF  Title  Title  Title  Title  Title  Title  Title  | Joenn's  | By ORIGIN                           | By ORIGINAL SIGNED BY                 |   |                |                             |                                       |             |  |
| Printed Name Title SUPERVISOR, DISTRICT II  1/2/90 505/677-2360  |  |                                     |                                       | 11  |                |                             |                                       |             |  |
| 1/2/90 505/677-2360   1110   | Printed Name Title   |                                     |                                       | II CUREDVISOR DISTRICT II                       |                |                             |                                       |             |  |
| Date Telephone No.   |  |                                     | 5/677-2360                            | 11110   |                |                             |                                       |             |  |
|  | Date   |                                     | Telephone No.                         | 1   |                |                             |                                       |             |  |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  4) Separate Form C-104 must be filed for each root in multiply completed wells.