NO. OF CUPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAS COSC EIVED U.S.G.S. LAND OFFICE OIL TRANSPORTER JUN 2 1969 OPERATOR PRORATION OFFICE ARTEBIA, OFFICE Petroleum Corporation of Texas Address 76024 P. O. Box 911, Breckenridge, Texas Reason(s) for filing (Check proper box) Other (Please explain) from Continental Rige Line Co. New Well Change in Transporter of: X NKOW. 2.304 Dry Gas Recompletion Oil Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Carter Collier Federal #10-064384 1 Red Lake Grayburg San Andres Federal Location G : 2310 Feet From The North Line and 2310 Feet From The East Unit Letter 18S Range 27E , NMPM, Eddy County Line of Section , Township H. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil X | or Condensate | Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X Navajo Refining Company Like Line Name of Authorized Transporter of Casinghead Gas Box 67, Artesia, New Mexico or Dry Gas Address (Give address to which approved copy of this form is to be sent) When Unit Sec. Twp. Rge. Is gas actually connected? If well produces oil or liquids, 18S 1 27E give location of tanks. G 5 No If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Res'v. Diff. Res'v. Oil Well Gas Well New Well Workover Deepen Plug Back Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Name of Producing Formation Top Oil/Gas Pay Depth Casing Shoe Pe:forations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Tubing Pressure Length of Test

Gas - MCF

Water-Bbls. Oil-Bhis. Actual Prod. During Test

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

APPROVED

BY

TITLE .

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.

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Mary D. Jaylor
(Signature)
Production Clerk
(Title)

(Date)

May 29, 1969

This form is to be filed in compliance with RULE 1104.

OIL AND EAS INSPECTO

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.

RVATION COMMISSION

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply