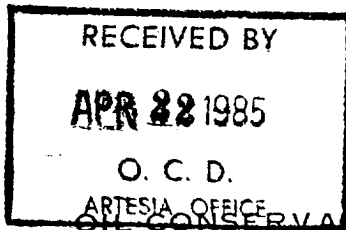


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	☒
FILE	☒
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☒
OPERATOR	☒
PRODUCTION OFFICE	

I.

Operator Sparkman Producing Company ✓	
Address Suite II-A, 777 Taylor St., Fort Worth, Texas 76102	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☒ Recompletion ☐ Change in Ownership	Convert from water disposal well to Oil production ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Levers State	Well No. 7	Pool Name, including Formation Artesia Queen Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. 703 (2)
Location Unit Letter <u>N</u> ; <u>247</u> Feet From The <u>South</u> Line and <u>1600</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>18 S</u> Range <u>28 E</u> , NMPM, <u>Eddy</u> , County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co., Pipe Line Division	North Freeman Ave., Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
none	
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : Is gas actually connected? : When
	N : 4 : 18 S : 28 E

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

R. M. Kennemer
(Signature)

Agent (Title)

4-10-85 (Date)

OIL CONSERVATION DIVISION
Original Signed By
Oil and Gas Inspector
APPROVED _____, 19____
BY _____
TITLE APR 23 1985

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X			X			X	

Date Spudded	3-18-58	Total Depth	2363'	P.B.T.D.	2305'
Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth	2156'
DF 3653'	San Andres		2290'	Depth Casing Shoe	
Perforations			Open Hole 2290' - 2305'		

HOLE SIZE	5 1/2"		CASING & TUBING SIZE	2295'		DEPTH SET	SACKS CEMENT		
	2 3/8"			2156'			125		

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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	4-3-85		Date of Test	4-10-85		Producing Method (Flow, pump, gas lift, etc.)	Pump		
Length of Test	24 hrs		Tubing Pressure	TSTM		Casing Pressure	TSTM		
Actual Prod. During Test	40 bbls		Oil - Bbls.	20		Water - Bbls.	20		

GAS WELL									
Actual Prod. Test-MCF/D			Length of Test			Bbls. Condensate/MXCF			
Testing Method (pilot, back pr.)			Tubing Pressure (Shut-In)			Casing Pressure (Shut-In)			