| HO OR RECI   | LIVED | 15  |   |
|--------------|-------|-----|---|
| NOTTUELATRIC |       |     |   |
| SANTA FE     |       |     |   |
| FILE         |       |     | 1 |
| U.S.G.S.     |       |     |   |
| LAND OFFICE  |       |     |   |
| TRANSPORTER  | OIL   |     |   |
| , many on en | GAS   |     |   |
| OPERATOR     |       |     |   |
|              |       | 1 - |   |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

|  | U.S.G.S.                                   | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS                            |  |  |   |   |   |  |  |
|--|--|---|--|--|---|---|---|--|--|
|  | LAND OFFICE                                |   | <del>-   -  </del>                                     | <b>_</b>   |   |   |   |  |  |
|  | TRANSPORTER                                | <del></del>   | ;  | REBEINER   |   |   |   |  |  |
|  | OPERATOR                                   | GAS   | <del></del>  |  |   |   |   |  |  |
| _  | PROPATION OFF                              |   | <del></del>  |  |   | 0 7 10  | 7 A   |  |  |
| 1.   | Operator                                   | 102   |  | SEP 2 3 1974   |   |   |   |  |  |
|  | Mar  | bob Er  | ierau  | Corporation  |   |   |   |  |  |
|  | Address                                    |   | 99   | 00,50,4000   |   | 0. C. C   | -int  |  |  |
|  | P.   | 0 <b>.</b> Вох  | 304.   | 4, Artesia, New Mexico 88210 ARTESIA, OFFICE                       |   |   |   |  |  |
|  | Reason(s) for filing (                     |   |  |  | Other (Please   | explain)  |   |  |  |
|  | New Well                                   |   |  | Change in Transporter of:  |   |   |   |  |  |
|  | Recompletion                               |   |  | Oil Dry Gas  | • 🔲   |   |   |  |  |
|  | Change in Ownership                        | , Z   |  | Casinghead Gas Conden  | sate Effe   | ctive Ser   | otember 1, 1974   |  |  |
|  |  | tia aina  |  |  |   |   |   |  |  |
|  | If change of owners<br>and address of prev |   |  | John R. Gray, P. O. Bo   | <u>x 1046, Artesia</u>  | . II. M.  |   |  |  |
|  |  |   |  |  |   |   |   |  |  |
| II.  | DESCRIPTION OF                             | F WELI  | AND I  | Well No. Pool Name, Including Fo                                   | emation   | Kind of Lease   |   |  |  |
|  | Lease Name                                 | Same Faders on For Co.  |  |  |   |   |   |  |  |
|  | Lowe A Stat                                | te 1 Artesia State $\mathcal{QG}$ -39                                     |  |  |   | 30ace 93-1940   |   |  |  |
|  |  | Unit Letter 17 : 330 Feet From The South Line and 2310 Feet From The West |  |  |   |   |   |  |  |
|  | Unit Letter 1/                             | i   | 330  | Feet From The BOULT Line   | and <u>2370</u>   | _ Feet From T   | he West   |  |  |
|  | Line of Section                            | 22  | Tow  | mship 18 S Range 28  | $\overline{\mathcal{E}}^{i}$ . NMPM.  | Eá  | dy County   |  |  |
|  | Line of Section                            |   |  | 70 <b>2</b> (Kanga 20  | 2 7 1441 147  |   | 9   |  |  |
| III.   | DESIGNATION OF                             | F TRAN  | SPORT  | TER OF OIL AND NATURAL GA  | s   |   |   |  |  |
|  | Name of Authorized                         | Transport   | er of Oil  | or Condensate  | Address (Give address t   |   |   |  |  |
|  | The Permi                                  | an Cor  | porat  | ion<br>Inghead Gas or Dry Gas                                      | P. O. Box 1183  | , Houston   | , Texas 77001   |  |  |
|  | Name of Authorized                         | Transport   | e: of Cas  | inghead Gas or Dry Gas   | Address (Give address t   | o which approv  | ed copy of this form is to be sent)                         |  |  |
|  |  |   |  |  |   |   |   |  |  |
|  | If well produces oil                       | or liquids  | 1  |  | is gas actually connecte  | d? Whe  | n   |  |  |
|  | give location of tank                      | :s.   |  | ! <i>II</i>  |   | · · · · · · · · · · · · · · · · · · ·   |   |  |  |
|  | If this production is                      | s commin  | gled wit   | h that from any other lease or pool,                               | give commingling order  | number:   | •   |  |  |
|  | COMPLETION DA                              |   |  |  |   |   | Plug Back   Same Resty. Diff. Resty.                        |  |  |
|  | Designate Typ                              | ne of Co  | mpletio  | on - (X)   | New Well Workover   | Deepen  | Plug Back   Same Resty.   Diff. Resty.                      |  |  |
|  |  |   |  |  | T\ D\   |   | P.B.T.D.  |  |  |
|  | Date Spudded                               |   |  | Date Compl. Ready to Prod.   | Total Depth   |   | P.B.1.D.  |  |  |
|  | Elevery OF BY                              | 0.070.61  |  | Name of Producing Formation  | Top Oil/Gas Pay   |   | Tubing Depth  |  |  |
|  | Elevations (DF, RKE                        | 3, K1, GA   | (, etc.,   | Induite of Producing Committee                                     | , op 0.1, 045 ! -1  |   |   |  |  |
| Perforations   |  |   |  |  | Depth Casing Shoe   |   |   |  |  |
|  |  |   |  |  |   |   |   |  |  |
|  |  | TUBING, CASING, AND CEMENTING RECORD                                      |  |  |   |   |   |  |  |
|  | HOLE                                       | SIZE  |  | CASING & TUBING SIZE   | DEPTH SE  |   | SACKS CEMENT  |  |  |
|  |  |   | -  |  |   |   |   |  |  |
|  |  |   |  |  | ·   |   |   |  |  |
|  |  |   |  | <u> </u>   | · · · · · · · · · · · · · · · · · · ·   |   |   |  |  |
|  |  |   |  |  | <u> </u>  |   | <u> </u>  |  |  |
| v.   | TEST DATA ANI                              | D REQU  | EST F  | OR ALLOWABLE (Test must be a                                       | ier recovery of total volu<br>pth or be for full 24 hours   | me of load oil  | and must be equal to or exceed top allow-                   |  |  |
|  | OIL WELL                                   |   |  | Date of Test   | Producing Method (Flow  |   | t. etc.)  |  |  |
|  | Date First New Oil I                       | Run To T  | ank s  | Date of lest   | Producting Method (1 10m  | , pamp, and on  | ,   |  |  |
|  |  |   |  | Tubing Pressure  | Casing Pressure   | <del></del>   | Choke Size  |  |  |
|  | Length of Test                             |   |  | Tubing Fisher  | •   |   |   |  |  |
|  | Actual Prod. During                        | Test  |  | Oil-Bbls.  | Water - Bbls.   |   | Gas - MCF   |  |  |
|  | Actual Prod. During                        |   |  |  |   |   |   |  |  |
|  |  |   | <del></del>  | <u></u>  |   |   |   |  |  |
|  | GAS WELL                                   |   |  |  |   |   |   |  |  |
|  | Actual Prod. Test-                         | MCF/D   |  | Length of Test   | Bbis. Condensate/MMC  | F   | Gravity of Condensate                                       |  |  |
|  |  |   |  |  |   |   |   |  |  |
|  | Testing Method (pit                        | ot, back ;  | pr.)   | Tubing Pressure (Shut-in)  | Casing Pressure (Shut   | -in)  | Choke Size  |  |  |
|  |  |   |  |  | ļ   |   |   |  |  |
| VI.  | CERTIFICATE (                              | OF COM  | PLIAN  | CE   |   |   | TION COMMISSION   |  |  |
|  |  |   |  |  | ∥ SE  | P 24 19   | 74  |  |  |
|  | I hereby certify the                       | at the ru   | les and  | regulations of the Oil Conservation                                | APPROVED  |   |   |  |  |
| a tologram the complete with and that the information given to     |  |   |  |  | BY W. a. Bressett   |   |   |  |  |
| above is true and complete to the best of my knowledge and belief. |  |   |  |  |   |   |   |  |  |
|  |  |   | TITLE OIL AND GAS INSPECTOR                            |  |   |   |   |  |  |
|  |  |   | This form is to be filed in compliance with RULE 1104. |  |   |   |   |  |  |
|  | (Allin)                                    | AC  | c-1/20   | '89L   | 1   | 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 |   |  |  |
|  |  | 5-y-  | (Sign  | atwe)  | 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | * he secomms  | nied by a tabulation of the deviation rdance with RULE 111. |  |  |
| Agent  |  |   | All sections of  | All sections of this form must be filled out completely for allow- |   |   |   |  |  |
| (Title) shie on  |  |   |  | tle)   | his on new and re   | able on new and recompleted wells.  |   |  |  |
|  | September                                  | r 20,   |  |  | 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. |   |   |  |  |
|  |  |   | (D   | ate)   | well name or number   | s C-104 mus   | t be filed for each pool in multiply                        |  |  |
| Separate   |  |   |  |  |   | U-107 mas   | <del></del>   |  |  |