| DISTRIBUTION   |  | INSERVATION COMMISSION   | Form C-104  |  |
|--|--|--|---|--|
| ANTAFE   | REQUEST FOR ALLOWABLE Supersedes Old C-104 and C |  | Supersedes Old C-104 and C-110  |  |
| J.S.G.S.   |  | AND<br>AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  |   |  |
| AND OFFICE   |  | GEIVED   |   |  |
| CRANSPORTER GAS GAS DEPERATOR  | <u>م</u>   | EP 2 7 1973  |   |  |
|  |  |  | ·   |  |
| ARWOOD LTD.  |  | D. C. C.<br>TESIA, OFFICE  |   |  |
| P.O. BOX<br>eason(s) for filing (Check proper box  | 8 LOCO HILLS, N. M.                              | 88255<br>Other (Please explain)  |   |  |
| ew Well X  | Change in Transporter of:<br>Oil Dry Gas         |  |   |  |
| hange in Ownership   | Casinghead Gas Condens                           |  | INJECTION TO PRODUCTION   |  |
| change of ownership give name  |  | asper order #  |   |  |
| d address of previous owner  | LEASE  |  |   |  |
| ease Name  | Well No. Pool Name, Including Fo                 |  |   |  |
| VANDEVENTER STATE  | 2 NICKOLS ARTESIA                                | -SAN ANDRES State, Fede  | ral or Fee <u>E-1821</u>  |  |
|  | 0Feet From TheNLine                              | and <u>1330</u> Feet From  | n TheE  |  |
|  |  |  |   |  |
| Line of Section 20 To  | wnship <u>18</u> Range <u>2</u>                  | 8 , NMPM,  | EDDY County   |  |
| ESIGNATION OF TRANSPOR   | TER OF OIL AND NATURAL GAS                       | Lidross (Cine address to which   | roved copy of this form is to be sent)  |  |
| Came of Authorized Transporter of Oli  |  | NORTH FREEMAN AVE.   |   |  |
| AVA JO REFINING - PIPE   | singhead Gas or Dry Gas                          | Address (Give address to which app.  | roved copy of this form is to be sent)  |  |
| NONE<br>f well produces oil or ilquids,  | Unit Sec. Twp. P.ge.                             | Is gas actually connected?   | /hen  |  |
| ive location of tanks.   | B 20 18 28                                       | NO   |   |  |
| this production is commingled wi<br>OMPLETION DATA   | th that from any other lease or pool, g          | give commingling order number:   |   |  |
| Designate Type of Completi   |  | 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.  |  |
| $\frac{11 - 29 - 67}{(Devations (DF, RKB, RT, GR, etc.))}$   | 1 <u>- 5 - 68</u><br>Name v. Producing Formation | 2500   |   |  |
|  | i l  | Top Oil/Gas Pay  | Tubing Depth  |  |
| 3 <u>304KB – 3<b>5</b>97GL</u><br>Perforations   | LOCO HTLLS - METEX<br>PREMIER - LOVINGTON        | 2016   | Depth Casing Shoe   |  |
| 2016-20 2022-30 212  | 4-28 2200-05 2292-9                              | 6 2302-06 2446-54  | 2500  |  |
| HOLE SIZE  | TUBING, CASING, AND<br>CASING & TUBING SIZE      | DEPTH SET  | SACKS CEMENT  |  |
| 11"  | 8 5/8  | 505  | 210 SAX - CIRCULATED  |  |
| 7 7/8  | 42   | 2500   | 325 SAX   |  |
| ······································   | 27/8 "   | 2000   |   |  |
| EST DATA AND REQUEST F   | OR ALLOWABLE (Test must be af                    | ter recovery of total volume of load on the orbe for full 24 hours)  | il and must be equal to or exceed top allow-  |  |
| NIL WELL<br>Date First New Oil Run To Tanks  | Date of Test                                     | Producing Method (Flow, pump, gas  |   |  |
| 6 - 27 - 73<br>ength of Test   | 7 - 10 - 73<br>Tubing Pressure                   | PUMP   | Choice Size   |  |
|  | Tubing Pressure                                  | Casing Pressure  |   |  |
| 24 HOURS   | 0  | Water-Bbls.  | Gas-MCF   |  |
| ·  | 34   | 268  | T STM   |  |
| FAS 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  |  |
| CERTIFICATE OF COMPLIAN  |  |  | VATION COMMISSION   |  |
|  |  | SEP 27   |   |  |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Commission have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief. |  | APPROVED   | Jussett   |  |
|  |  | BYOL AND GAS INS   |   |  |
|  |  |  |   |  |
| B DHom<br>(Signature)  |  |  | n compliance with RULE 1104.  |  |
|  |  | If this is a request for allowable for a newly drilled or deepened<br>well, this form must be accompanied by a tabulation of the deviation<br>tests taken on the well in accordance with RULE 111. |   |  |
| SUPT   | · · · · ·  | tests taken on the well in ac  | must be filled out completely for allow-  |  |
| (Title)  |  | able on new and recompleted wells.   |   |  |
|  | <u>9 - 25 - 73</u><br>(Date)                     |  | Fill out only Sections 1, 11, 111, and vi the change of condition.<br>well name or number, or transporter, or other such change of condition.<br>Separate Forms C-104 must be filed for each pool in multiply |  |
| <u> </u>   | late)  | · · · · · ·  | was he filed for each nool in multinuv  |  |
| <u>9 - 25 - 73</u><br>(L   | Jule)  | Separate Forms C-104 m   | nust be filed for each pool in multiply   |  |