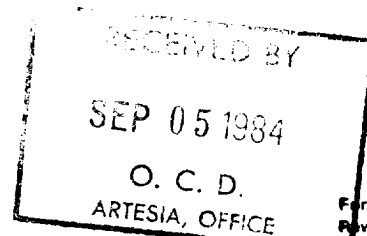


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



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

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

I. OPERATOR: Arlen Dickson CASINGHEAD GAS MUST NOT BE
 Address: P.O. Box 50160, Midland, Texas 79710 FLARED AFTER 11-14-84
 Reason(s) for filing (Check proper box): UNLESS AN EXCEPTION FROM
☒ New Well THE STATE IS OBTAINED-
☐ Recompletion Rule 306
☐ Change in Ownership Other (Please explain)
 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: Exxon Well No.: 2 Pool Name, Including Formation: Artesia-Queen GR-SA Kind of Lease: State, Federal or Fee State: State Lease No.: B-11539
 Location: Unit Letter M : 330 Feet From The South Line and 990 Feet From The West
 Line of Section 9 Township 18-S Range 28-E , NMPM, Eddy 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 Company Box 159, Artesia, N.M. 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):
Phillips Petroleum Company 4001 Penbrook, Odessa, Texas 79762
 If well produces oil or liquids, give location of tanks: Unit M Sec. 9 Twp. 18S Rge. 28E Is gas actually connected? No When _____

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.

IV. CERTIFICATE OF COMPLIANCE
 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.

Marlys Reynolds
 (Signature)
 Consultant
 (Title)
9/4/84
 (Date)

OIL CONSERVATION DIVISION
 SEP 14 1984
 APPROVED _____, 19____
 BY Original Signed By
Mike Williams
 TITLE Oil & Gas Inspector

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Drill
Date Spudded 8/14/84	Date Compl. Ready to Prod. 8/30/84		Total Depth 2675'		P.B.T.D. 2635'				
Elevations (DF, RKB, RT, CR, etc.) 3624' GL	Name of Producing Formation Grayburg-San Andres		Top Oil/Gas Pay 2208'		Tubing Depth 2675' 2494'				
Perforations 2208, 09, 53, 54, 55, 76, 77, 78, 92, 93; 2321, 22, 27, 28, 79, 80, 81; 2408, 09, 23, 24, 30, 31.							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8" 24#		379'		300 SXS				
7 7/8"	5 1/2" 15 1/2#		2675'		545 SXS				
	2 3/8		2494'						

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 able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8/31/84	Date of Test 9/3/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size Pump
Actual Prod. During Test	Oil - Bbls. 76	Water - Bbls. 35	Gas - MCF N/A

GAS WELL

Actual Prod. Test - MCF/D N/A	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size