TRANSPORTER  OIL / GAS  OPERATOR  PRORATION OFFICE  Operator  Frank Boyce  Address  P. O. Box 426, Artesia, Reason(s) for filing (Check proper box)  New We!! Change in Ownership Cas  If change of ownership give name and address of previous owner  Caroline  Location  OIL / GAS  OPERATOR  CAS  OPERATOR  CAS  OPERATOR  Frank Boyce  Chadress  P. O. Box 426, Artesia, 10  Chadress  Other  Cas  Chadress  Caroline  Cas  ONE  Caroline  Location	NO 05 (05:00 ====	* I WE C	<del></del>	<del></del>	-
SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Coperator  Frank Boyce  Address  P. O. Box 426, Artesia, Maler of Completion  Change in Ownership with the completion  Caroline  Location  Unit Letter  D: 330 Feed Designation of transporter of Oil Maler of Authorized Transporter of Casinghead Casing the completion of tanks.  If well produces oil or liquids, give location of tanks.  If well produces oil or liquids, give location of tanks.  If this production is commingled with that from COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Completion of tanks.  Elevations (DF, RKB, RT, GR, etc., Name of Casinghead Casingh	·				
FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Coperator  Frank Boyce  Address  P. O. Box 426, Artesia,  Reason(s) for filing (Check proper box)  New We!!  Change in Ownership y  Cas  If change of ownership give name and address of previous owner  Caroline  Location  Unit Letter  D: 330  Fellowation  DESIGNATION OF TRANSPORTER OF  Navajo Crude Oil Purchasi  Itame of Authorized Transporter of Oil  Navajo Crude Oil Purchasi  Itame of Authorized Transporter of Casinghead Casing the Casing the Casing the Casing the Casing the Completion of tanks.  If this produces oil or liquids, give location of tanks.  Designate Type of Completion — (X)  Date Spudded  Date Co.  Elevations (DF, RKB, RT, GR, etc., Name of Elevations (DF, R		ON			
U.S.G.S.  LAND OFFICE  I RANSPORTER  OIL / GAS  OPERATOR  PRORATION OFFICE  Coperator  Frank Boyce  Address  P. O. Box 426, Artesia,  Recoson(s) for filing (Check proper box)  New Well Cas  Change in Ownership give name and address of previous owner  Caroline  Caroline  Location  Unit Letter D; 330 Fee  Line of Section 28 Township  DESIGNATION OF TRANSPORTER OF  Navajo Crude Oil Purchasi  Identify and Authorized Transporter of Casinghead Cas  If well produces oil or liquids, give location of tanks.  If this production is commingled with that free COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Elevations (DF, RKB, RT, GR, etc., Name of Elevati	· · · · · · · · · · · · · · · · · · ·			_	
TRANSPORTER OIL / GAS  OPERATOR / GAS  OPERATOR / GAS  OPERATOR / GAS  OPERATOR / GAS  PROGRATION OFFICE   Check proper box    New Well   Check proper box    New Well   Change in Ownership   Cas  If change of ownership give name and address of previous owner   Coll:  OESCRIPTION OF WELL AND LEASE   Lease Name   Well    Caroline   Caroline    Location   D   330   Fellowship    DESIGNATION OF TRANSPORTER OF    Navajo Crude Oil Purchasi    Identify the produces oil or liquids    quive location of tanks   D    If well produces oil or liquids    quive location of tanks   D    If this production is commingled with that from COMPLETION DATA    Designate Type of Completion - (X)  Date Spudded   Date Coll    Elevations (DF, RKB, RT, GR, etc.)   Name of    Elevations (DF, RKB, RT, GR, etc.)    Name of    Elevations (DF, RKB, RT, GR, etc.)    Name of    Elevations (DF, RKB, RT, GR, etc.)    Name of    Elevations (DF, RKB, RT, GR, etc.)    Name of    Elevations (DF, RKB, RT, GR, etc.)    Name of    Elevations (DF, RKB, RT, GR, etc.)    Name of    Elevations (DF, RKB, RT, GR, etc.)    Elevati					
OPERATOR  PRORATION OFFICE  Operator  Frank Boyce  Address  P. O. Box 426, Artesia,  Reason(s) for filing (Check proper box)  New Well Cas  Change in Ownership give name and address of previous owner  OBESCRIPTION OF WELL AND LEASE  Lease Name  Caroline  Location  Unit Letter  D; 330  Fell  DESIGNATION OF TRANSPORTER OF  Navajo Crude Oil Purchasi  It well produces oil or liquids, give location of tanks.  If well produces oil or liquids, give location of tanks.  If this production is commingled with that from the production of tanks.  Designate Type of Completion — (X)  Date Spudded  Elevations (DF, RKB, RT, GR, etc., Name of Elevations (DF, RKB, RT, GR, etc., Na	·				AL
OPERATOR  PRORATION OFFICE  Operator  Frank Boyce  Address  P. O. Box 426, Artesia,  Reason(s) for filing (Check proper box)  New We!!  Change in Ownership give name and address of previous owner  Coast of change of ownership give name and address of previous owner  Caroline  Caroline  Location  Unit Letter  D; 330  Fellowation OF TRANSPORTER OF  Navajo Crude Oil Purchasi  Itame of Authorized Transporter of Casinghead Coast of Coast	LAND OFFICE				
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Date Co.  Elevations (DF, RKB, RT, GR, etc., Name of	Caroline Location Unit Letter Line of Section  DESIGNATION O Mane of Authorized Navajo C Hame of Authorized	D 28 F TRA Transpor rude Transpor	NSPO ter of CO11	330  RTEI  Purc  Casing	Fee App Page 1 App Page 1 App Page 2 App Pag
Elevations (DF, RKB, RT, GR, etc., Name of	Caroline Location Unit Letter Line of Section  DESIGNATION O None of Authorized Navajo C Hame of Authorized if well produces off agive location of tank If this production is	D  28 F TRA Transpor rude Transpor	NSPO ter of C	330  Townsh  RTEI  Purc  Casing	Feed of the state
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Lettorations	Caroline Location Unit Letter Line of Section  DESIGNATION O Name of Authorized Navajo C Hame of Authorized If well produces oil of give location of tank of this production is COMPLETION D Designate Typ  Date Spudded	D 28 F TRA Transpor rude Transpor or liquide s. commin	NSPO ter of CO11 : ter of C	330  RTEI  Purc  Casing  Un  with th	Feed of the Control o

Agent (Title)

May 5, 1980

SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND				
FILE	<u> </u>					
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL O	SAS STOREST			
TRANSPORTER OIL / GAS						
OPERATOR   PROPATION OFFICE						
Operator						
Frank Boyce Address			ARCONE TOOL			
P. O. Box 426, An	rtesia, New Mexico 88210					
New Well	Change in Transporter of:	Other (Please explain)				
Recompletion  Change in Ownership	Oil Dry G Casinghead Gas Conde	ensate				
If change of ownership give named and address of previous owner	Collier & Collier, P.	O. Box 798, Artesia, New	Mexico 88210			
DESCRIPTION OF WELL AN			THE STATE OF THE S			
Lease Name Caroline	Well No. Poct Name, Including I		Lease 110.			
Location	200	000	10710			
Unit Letter D;	Feet From The North Li		rheWest			
Line of Section 28	Township 19 Range	28 , мрм,	Eddy County			
DESIGNATION OF TRANSPO Name of Authorized Transporter of	OIL OIL AND NATURAL G	As Address (Give address to which approx	ed copy of this form is to be sent)			
Navajo Crude Oil	Navajo Crude Oil Purchasing &, North Freeman Artesia					
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which approx	ed copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 28 19 28	Is gas actually connected? Whe	חי			
If this production is commingled	with that from any other lease or pool,	give commingling order number:				
Designate Type of Course	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Ree'v.			
Designate Type of Comple	Date Compl. Ready to Prod.	Total Depth	1 1			
·		Total Depth	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Perforations			Depth Casing Shoe			
	TUBING, CASING, AN	D CEMENTING RECORD	<u>L</u>			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQUEST		ter recovery of total volume of load oil o	and must be equal to or exceed top allow-			
OII. WELL  Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours)  Producing Method (Flow, pump, gas lif	t, etc.)			
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oll - Bbis.	Water - Bbls.	Gas-MCF			
Actual Float During 1991	011- 55.5.	wuter- sc.s.	Gds-MCF			
GAS 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 COMPLIA	INCE	OIL CONSERVA	TION COMMISSION			
	d regulations of the Oil Conservation		980, 19			
Commission have been complied	i with and that the information given the best of my knowledge and belief.		uset			
		TITLE SUPERVISOR, INSTRICT IL				
211	2 Land	This form is to be filed in c	This form is to be filed in compliance with RULE 1104.			
Kirby Farker (Signature)		If this is a request for allowable for a newly drilled or despens 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.