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FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRORATION OFFICE

AND
AUTHORIZATION TO TRANSPORT AND NATURAL GAS

Effective 1-1-65

AUG 29 1973

I. Operator **Homer J. Kyle**
Address **Box 1207 Maljamar, New Mexico 88264**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Change of transporter from Permian Corp. to Navajo Crude Oil Purchasing Co.**

If change of ownership give name and address of previous owner **A.F. Roberts, Jr.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Tidewater State** Well No. **2** Pool Name, Including Formation **N Hackberry Yates** Kind of Lease **State** Lease No. **K4472**
Location **Unit Letter J** : **1650** Feet From The **South** Line and **1650** Feet From The **NE 1/4 of SE 4**
Line of Section **36** Township **19S** Range **36E 30E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Navajo Crude Oil Purchasing Co. Address (Give address to which approved copy of this form is to be sent) **P.O. Box 175 Artesia, New Mexico 88210**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
G Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. **SE 1/4 36 19S 30E** Is gas actually connected? **No** When

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

IV. COMPLETION DATA

Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ 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.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Homer J. Kyle (Signature)
Owner (Title)
8/28/73 (Date)

OIL CONSERVATION COMMISSION
OCT 12 1973
APPROVED
BY **W. A. Gressett**
TITLE **OIL AND 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.