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| TRANSPORTER | OIL | 1 |
| | GAS | 1 |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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MAR 31 1966

O. C. C.
ARTESIA, OFFICE

| | | | |
|--|---|--|--|
| Operator U.S. WELCH | | Address P.O. Drawer W, Artesia, New Mexico | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------|---------------------|------------------------|--|---|
| Lease Name Hinkle F | Lease No. | Well No. 8 | Pool Name, Including Formation Shugart | Kind of Lease State, Federal or Fee Federal |
| Location | | | | |
| Unit Letter L | 2310 | Feet From The S | Line and 990 | Feet From The W |
| Line of Section 27 | Township 18S | Range 31E | , NMPM, Eddy County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|----------------|-----------------|-----------------|--|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Co | Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co | Address (Give address to which approved copy of this form is to be sent) Box 6666, Odessa, Texas | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 27 | Twp. 18S | Rce. 31E | Is gas actually connected? Yes | 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 <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 12/13/65 | Date Compl. Ready to Prod. 3/10/66 | Total Depth 3953 | | P.B.T.D. 3945 | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation Grayburg | Top Oil/Gas Pay 3640 | | Tubing Depth 3640 | | | | |
| Perforations 3640-48, 3656-60, 3786-99 2 shots per ft 3662-68 1 shot per ft | TUBING, CASING, AND CEMENTING RECORD | | Depth Casing Shoe | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| | 8 5/8" | 795' | | 50 | | | | |
| | 7" | 3745" | | 180 | | | | |
| | 8 1/2" Liner | 3953' - 3265' | | 25 | | | | |

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 3/9/66 | Date of Test 3/9/66 | Producing Method (Flow, pump, gas lift, etc.) Swab | |
| Length of Test 24 hrs | Tubing Pressure None | Casing Pressure None | Choke Size None |
| Actual Prod. During Test 85 | Oil-Bbls. Oil | 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 | Casing Pressure | 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.

W. A. Welch
(Signature)

Owner

3/31/66

(Title)

(Date)

OIL CONSERVATION COMMISSION

MAR 31 1966

APPROVED _____, 19

BY *W. A. Bressett*

TITLE _____

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.