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TRANSPORTER	OIL	/
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OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COM. ON  
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

RECEIVED  
AUG 9 1976

I. Operator Purchasing  
Austin Gas ~~Production~~, Inc. O.C.C.  
Address ARTESIA, OFFICE  
Box 159 Stafford, Kansas 67578  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ 1 Aug. 1976 Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner Morris R. Antweil, Box 2010, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Malaga Unit- Tract 4 Well No. 2 Pool Name, including Formation Malaga Delaware Kind of Lease State, Federal or Fee Fee Fee Lease No. ----  
Location  
Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East  
Line of Section 13 Township 24-S Range 28-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)  
Box 3119 Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
None Address (Give address to which approved copy of this form is to be sent)  
-----  
If well produces oil or liquids, give location of tanks. Unit A Sec. 13 Twp. 24-S Rge. 28-E 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 lead 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.  
[Signature]  
Agent of Unit Operator  
2 August 1976  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED SEP 20 1976, 19\_\_\_\_\_  
BY W.A. Gressett  
TITLE ARTESIA, DISTRICT II  
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.