| 7   |  |   | P  |
|---|--|---|--|
| DISTRIBUTION  |  | ONSERVATION COMMISSION  | Form C-104   |
| SANTA FE  |  | FOR ALLOWABLE   | Supersedes Old C-104 and C-<br>Effective 1-1-65                          |
| FILE /  |  | AND<br>NSPORT OIL AND NATURAL G                                       |  |
| LAND OFFICE   | AUTHORIZATION TO TRA   | NSPORT UIL AND NATURAL G  |  |
| TRANSPORTER GAS                                     | - :  |   | JUN 1 1966   |
| OPERATOR 2  |  | /   | 0. C. C.   |
| PRORATION OFFICE                                    |  |   | ARTEBIA, OFFICE  |
| Áneri<br>Address                                    | oso <u>Petrofics Company of</u> "  | 220°x 1   |  |
| P . Û.<br>Reason(s) for filing (Check proper b      | Box 1311, Big Spring, Dec.   | 0ther (Please explain)  |  |
| New Well  | Change in Transporter of:  |   |  |
| Recompletion Change in Ownershi                     | Cil Dry Gas<br>Casinghead Gas Conden   |   |  |
| If change of ownership give name                    |  |   |  |
| and address of previous owner                       |  |   | <u> </u>   |
| Lease Name  | Weil No. Pool Nar  | ne, Including Formation   | Kind of Lease  |
| Hanson Federal #15-0                                | <del>38:22-3-</del> 1 Mas.   | <u>n Daleware, Tonin <del>Adda.</del> .</u>                           | State, Federal or Fee  |
| Unit Letter M;                                      | 330 Feet From The South Line   | e andFeet From "  | The  |
|   | Township 955 Range S   | no , NMPM, <u>ĉ</u> i   | dd Count   |
| Line of Section 25                                  | Township 255 Range   | i di ji î î î î î î î î î î î î î î î î î î                           |  |
| DESIGNATION OF TRANSPO                              | ORTER OF OIL AND NATURAL GA  | S<br>Address (Give address to which appro-                            | ved copy of this form is to be sent)                                     |
| Name of Authorized Transporter of                   | C., Inc. (Pipe Line Div.)  | P C. Realist Mid. Mid.  |  |
|   | Casinghead Gas 🔏 cr Dry Gas 🗌  | Address (Give address to which appro                                  | ved copy of this form is to be sent)                                     |
| Phillips Petroleur                                  |  | Real Ball Francis   | ile, idazia, lexa:   |
| If well produces oil or liquids,                    | Unit Sec. Twp. Rge.  | Is gas actually connected? Wh   |  |
| give location of tanks.                             | <u>M</u> 25 255 316  |   | <u> </u>   |
| If this production is commingled<br>COMPLETION DATA | with that from any other lease or pool,  |   |  |
| Designate Type of Comple                            | Oil Well Gas Well  | New Well Workover Deepen  | Plug Back Same Res'v, Diff. Re   |
| Date Spudded  | Date Compl. Ready to Prod.   | Total Depth   | P.B.T.D.   |
| Pool  | Name of Producing Formation  | Top Oil/Gas Pay   | Tubing Depth   |
|   |  |   |  |
| Perforations  |  |   | Depth Casing Shoe  |
| ····  | TUBING, CASING, AND  | CEMENTING RECORD  |  |
| HOLESIZE  | CASING & TUBING SIZE   | DEPTH SET   | SACKS CEMENT   |
|   |  |   |  |
| ······································              |  |   |  |
|   |  | i   |  |
| TEST DATA AND REQUEST                               | FOR ALLOWABLE (Test must be a  | fter recovery of total volume of load oil                             | and must be equal to or exceed top a                                     |
| OIL WELL  | able for this de   | epth or be for full 24 hours)<br>Froducing Method (Flow, pump, gas li |  |
| Date First New Oil Run To Tanks                     | Date of Test   | From the method (From , pump, geo                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                  |
| Length of Test                                      | Tubing Pressure  | Casing Pressure   | Choke Size   |
|   |  | Water-Bbls.   | Gas-MCP  |
| Actual Prod. During Test                            | Oil-Bbls.  | water - BBIS.   | Core MC  |
|   |  | · · · · · · · · · · · · · · · · · · ·                                 |  |
| GAS WELL  |  | · · · · · · · · · · · · · · · · · · ·                                 |  |
| Actual Prod. Test-MCF/D                             | Length of Test   | Bbls. Condensate/MMCF   | Cravity of Condensate  |
| Testing Method (pitot, back pr.)                    | Tubing Pressure  | Casing Pressure   | Choke Size   |
|   |  |   |  |
| . CERTIFICATE OF COMPLIANCE                         |  |   | ATION COMMISSION   |
| I hereby certify that the rules a                   | and regulations of the Oil Conservation  | APPROVED JUN 2  |  |
| Commission have been complif                        | ed with and that the information given<br>the best of my knowledge and belief. | BY 112 (17/16   | treng  |
| anove is the and complete to                        | and boot of my anontoups and benefit   |   | /  |
| $\land$ $\land$                                     |  |   |  |
| 4 a la la la  | / _  |   | compliance with RULE 1104.   |
| Havid Way   | Signature) David Day   | well this form must be accomp   | wable for a newly drilled or deepe<br>anied by a tabulation of the devia |
| Chief E   | soluction Clerk  | tests taken on the well in acco                                       | ordance with RULE 111.   |
| Coloris - Mar as re-                                | (Title)  | All sections of this form m<br>able on new and recompleted w          | ust be filled out completely for al yells.                               |

May 18, 1346 (Date)

able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
S. parate. Forces C-101 months. Clied for each pool in multiple forces.