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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

I. Operator
Eastern Petroleum Company
Address
P. O. Box 291, Carmi, Illinois 62821
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)

If change of ownership give name and address of previous owner Western Helium Corp., P. O. Box 1358, Scottsdale, Arizona 85252

II. DESCRIPTION OF WELL AND LEASE
Lease Name Table Mesa Well No. 21 Pool Name, including Formation Dakota Kind of Lease State, Federal or Fee Indian Lease No. I-89-IND-57
Location
Unit Letter C ; 660 Feet From The N Line and 1980 Feet From The W
Line of Section 3 Township 27N Range 17W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Four Corners Pipeline Company Address (Give address to which approved copy of this form is to be sent)
1215 S. Lake Ave., Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 Sec. Twp. Rge. Is gas actually connected? 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
Date Spudded Date Compl. Ready to Prod. Total Depth
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay
Perforations
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 | | Bbls. Condensate/MMCF | | Gravity of Condensate |
| Actual Prod. Test-MCF/D | Length of Test | Casing Pressure (shut-in) | | Choke Size |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | | | |

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.

Secretary

February 22, 1971

OIL CONSERVATION COMMISSION

FEB 24 1971

APPROVED

BY Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

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.