| | NO. OF COPIES RECEIVED | | | | | | |
|-------|---|--|--|---|--|--|--|
| L | DISTRIBUTION SANTA FE | | NSERVATION COMMISSION | Form C-104 Supersedes Old C-104 and C-110 | | | |
| - | FILE | REQUEST F | AND | Effective 1-1-65 | | | |
| | U.S.G.S. | AUTHORIZATION TO TRAN | ISPORT OIL AND NATURAL G | AS | | | |
| | LAND OFFICE | | | | | | |
| | TRANSPORTER GAS | | | | | | |
| - | OPERATOR / | | | | | | |
| 1. | PRORATION OFFICE Sperator | | | | | | |
| - | Tidewater Oil Company | | | | | | |
| - | Box 219, Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | |
| į. | Hew Well | / Change in Transporter of: | Change in lease Federal Dakota | name. Formerly | | | |
| | Recompletion | Cil Dry Gas | | DILLO S—M AT | | | |
| L | Change in Cwnership | Casinghead Gas Condens | sate | | | | |
| | f change of ownership give name and address of previous owner | | | | | | |
| H.] | DESCRIPTION OF WELL AND | LEASE Well No. Pool Nam | e, Including Formation | Kind of Lease | | | |
| | , | 78936 1 Basin | Dakota | State, Federal or Fee Fed. | | | |
| | Lecation | Lecation | | | | | |
| | Unit Letter <u>L</u> ; <u>165</u> | Feet From The South Line | and 990 Peet From T | he NOO | | | |
| | Line of Section 2 , To | wnship 27N Range 12 | , NMPM, San | Juan County | | | |
| | TESTON ATTON OF TRANSPOR | TED OF OU AND NATURAL GAS | S | | | | |
| 11. | Name of Authorized Transporter of Oil | TER OF OIL AND NATURAL GAS or Condensate | Address (Give address to which approx | | | | |
| | McWood Corp. | | Box 1702, Farmington Address (Give address to which approx | No Mex. | | | |
| | Name of Authorized Transporter of Ca | | Box 990, Farmington, | | | | |
| | El Paso Natural Gs | Unit Sec. Twp. Rge. | is gas actually connected? Whe | n | | | |
| | give location of tanks. | L 2 27W 12W | Yes | 1963 | | | |
| | If this production is commingled wi | th that from any other lease or pool, | give commingling order number: | | | | |
| 1 V . | Designate Type of Completi | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty. | | | |
| | | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | |
| | Date Spudded | Bate Compil Heady to Free | | | | | |
| | Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | |
| | Perforations | | | Depth Casing Shoe | | | |
| | Periorations | | | | | | |
| | | | CEMENTING RECORD | SACKS CEMENT | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | | | | | | | |
| | | | | <u> </u> | | | |
| | | COD ALL OWARD E | fter recovery of total volume of load oil | and must be equal to or exceed top allou | | | |
| V. | TEST DATA AND REQUEST FOR ALLOWABLE (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 li | it, etc.) | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Chok Ser | | | |
| | Length of Tool | | | RELLIVES | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | 905 -VIOL 0 4056 | | | |
| | MAY 2 1965 | | | | | | |
| | GAS WELL | | 1 | OIL CON. COM. | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Gondensale | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | | | |
| | | | OIL CONSERVATION COMMISSION | | | | |
| VI. | . CERTIFICATE OF COMPLIANCE | | MAY 2 1966 | | | | |
| | I hereby certify that the rules and regulations of the Oil Conservation | | APPROVED | , 19 | | | |
| | Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | BY Original Signed by Emery C Arnold | | | | |
| | • | | TITLE SUPERVISOR DIST. #3 | | | | |
| | Original Signed By | | This form is to be filed in compliance with RULE 1104. | | | | |
| | C. L. WADE | - | If this is a request for allowable for a newly drilled or deepened | | | | |

(Signature)

(Title)

(Date)

Area Supt.

April 29, 1966

LE 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 Sections I, II, III, and VI only 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.

| NO. OF COPIES RECEIVED | | 5 | |
|------------------------|-------|---|---|
| DISTRIBUTIO | ON | | |
| SANTA FE | | | |
| FILE | | | - |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | 1 | |
| THAILS: OR I ER | GAS / | 1 | |
| OPERATOR | | 1 | |
| | | | |

NEW MEXICO OIL CONSERVATION COMMISSION

| | SANTA FE / | REQUEST | FOR ALLOWABLE | Supersedes Old C-104 and C-11 | | | |
|------|---|---------------------------------|--|---|--|--|--|
| | FILE / L | ╡ | AND | Effective 1-1-65 | | | |
| | LAND OFFICE | AUTHORIZATION TO TRA | ANSPORT OIL AND NATURA | L GAS | | | |
| | TRANSPORTER OIL / | | | | | | |
| | OPERATOR / | | | | | | |
| 1. | PRORATION OFFICE | 7 | | | | | |
| •• | Operator | | | | | | |
| | Tidewater Oil Company Address | | | | | | |
| | Box 249, Hobbs, 1 | New Mexico | | | | | |
| | Reason(s) for filing (Check proper box | Change in Transporter of: | Other (Please explain) | | | | |
| | Recompletion | Oil Dry Go | rs [| | | | |
| | Change in Ownership | Casinghead Gas Conde | nsate EFFECTIVE | MARCH 1, 1967 | | | |
| | If change of ownership give name and address of previous owner | | | | | | |
| 11. | DESCRIPTION OF WELL AND | LEASE | | | | | |
| | Lease Name | Well No. Pool Name, Including F | | 20426 1101 | | | |
| | Federal 2-W | l Basi | n Dakota State, Fed | deral or Fee Federal SF078936 | | | |
| | | 50 Feet From The S Lir | . 000 | W | | | |
| | Unit Letter L; 16 | DU Feet From The D Lir | ne and 990 Feet Fr | om The | | | |
| | Line of Section 2 To | wnship 27 N Range | 12 W , NMPM, | San Juan County | | | |
| | | | _ | | | | |
| III. | Name of Authorized Transporter of Oil | TER OF OIL AND NATURAL GA | | proved copy of this form is to be sent) | | | |
| | THE PERMIAN CORPORAT | Λ | P. O. BOX 3119, MI | | | | |
| | Name of Authorized Transporter of Car | singhead Gas or Dry Gas | Address (Give address to which ap | proved copy of this form is to be sent) | | | |
| | El Paso Natural | Gas Co. | Box 990, Farmington, | | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? | When | | | |
| | | <u>1</u> 2 27N 12 | | 19 63 | | | |
| | If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA | | | | | | |
| | Designate Type of Completic | on - (X) | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | |
| | | | 1000 3000 | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | |
| | | | | | | | |
| | Perforations | | | Depth Casing Shoe | | | |
| | | TURING CASING AND | CEMENTING RECORD | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| v | TEST DATA AND REQUEST F | OR ALLOWARIE (Test must be a | fter recovery of total volume of load | oil and must be equal to or exceed top allow- | | | |
| • | OIL WELL | able for this de | pth or be for full 24 hours) | • | | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, ga. | s lift, etc.) | | | |
| | Length of Test | Tubing Pressure | Casing Pro | Choke Size | | | |
| | | | AKLULIVED | 1 | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Blas. | Gas -MCF | | | |
| | | | FEB 27 1967 | | | | |
| | CAC WELL | | CIL CON. CON | 1.7 | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condergate MMCF | Gravity of Condensate | | | |
| | | | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | |
| - | | 1 | | | | | |
| VI. | CERTIFICATE OF COMPLIANCE | CE | OIL CONSER | VATION COMMISSION | | | |
| | Thombu postifu that the suite and seculations of the Oil Consecution | | APPROVED FFR 27 | 1005 19 | | | |
| | I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | Original Signed | by Emery C. Arnold | | | |
| | above is true and complete to the best of my knowledge and belief. | | BY SUPERVISOR D | | | | |
| | | | TITLE SUPERVISOR D | | | | |
| | Original Signed By | | This form is to be filed | in compliance with RULE 1104. | | | |
| | | C. L. WADE | If this is a request for al | lowable for a newly drilled or deepened | | | |
| | . • | ature) | well, this form must be accome tests taken on the well in ac | panied by a tabulation of the deviation cordance with RULE 111. | | | |
| | Area Supt. | tle) | All sections of this form | must be filled out completely for allow- | | | |
| | 2 -20-6 7 | ·/ | able on new and recompleted | II. III. and VI for changes of owner. | | | |
| | (Da | ite) | well name or number, or transp | porter, or other such change of condition. | | | |
| | | | Separate Forms C-104 m | nust be filed for each pool in multiply | | | |
| | | | | | | | |