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<u> 10-2-1669</u>

(Date)

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.

NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Claude C. Tennedy Address 7401 1249 Chaco Ave. Fermington Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: CON COI Dry Gas Recompletion Oil Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner ___ 14-20-303-2 II. DESCRIPTION OF WELL AND LEASE Kind of Lease ... Vajo ell No Pool Name, Including Formation State, Federal or Fee Pile. Deb 15 Slick Rock Dakote Location Feet From The SC th Line and 1000 Feet From The __ &c. St Unit Letter 36 County Range San Juan Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil 💢 or Condensate 1.0x 3119 Midlend, Taxes 70701
Address (Give address to which approved copy of this form is to be sent) The Permian Corporation or Dry Gas Hame of Authorized Transporter of Casinghead Gas Is gas actually connected? When Unit Sec. Twp. If well produces oil or liquids, give location of tanks. P 301 | 17W If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth 0-26-69 -30-17 Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Dakots none Depth Casing Shoe Perforations Open hale 151-57 752 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 15 2-3/8 75 (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; V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) First New Oil Run To Tanks Date of Test 10-2-0 J**-3**0**-6**7 I low Choke Size Casing Pressure Tubing Pressure Length of Test nine 15 inch Gas - MCF Actual Prod. During Test Water - Bbls Oil-Bbls. 168 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE DCT 3 1967 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. ByOriginal Signed by Emery C. Arnold SUPERVISOR DIST, #3 TITLE Original Signed By: This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened CLAUDE C. KENNEDY well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature) All sections of this form must be filled out completely for allowable on new and recompleted wells. Operator (Title)

