

DEPARTMENT OF
 ENERGY
 SAFETY
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL
 GAS
 OPERATOR
 PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Oil C-104 and C-105
 Effective 1-1-65

I. OPERATOR
 OPERATOR
 OPERATOR OFFICE
 Operator
 Commercial Oil Company
 Address
 New Mexico, Mexico, New Mexico 88040
 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)
 To show dual pipeline
 connection to battery
 of 20000 bbls/day

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: NICA UNIT #329
 Well No.: 2510170000
 Well Name, including Formation: NICA
 Kind of Lease: Federal
 State, Federal or Fee: Federal
 Lease No.:
 Location:
 Unit Letter: N : 1100 Feet From The: SOUTH Line and 2600 Feet From The: WEST
 Line of Section: 21 Township: 17 Range: 32, NMPM, 1002 County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
 NICA UNIT #329
 Texas New Mexico, Inc. Co.
 Address (Give address to which approved copy of this form is to be sent)
 BOX 1510, MIDLAND, TEXAS
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 Commercial Oil Company
 Unit Sec. Twp. Rge.
 If well produces oil or liquids, give location of tanks. D 28 17 32
 Is gas actually collected? YES
 When: NA

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 Resfy. Diff. Resfy.
 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 (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
 Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/M/MCF Gravity of Condensate
 Testing Method (pilot, 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: [Signature]
 Title: Administrative Services Chief
 Date: 5-13-70

OIL CONSERVATION COMMISSION
 MAY 15 1970
 APPROVED: [Signature] 19
 BY: [Signature]
 TITLE: SUPERVISOR DISTRICT
 This form is to be filed in compliance with RULE 1102.
 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.

Number(s) USC's (a) file
 into folders