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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-
 Effective 1-1-55

FA

RECEIVED
 JAN 28 1980

O.C.D.
 ARTESIA OFFICE

Operator: Jack and Patricia Pugh

Address: 4406 E. Flossmoor Ave. Mesa Az 85208

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: H.E. Prince P.O. Box 129 Roswell, New Mex 88201

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------|-------------------------|---|----------------------------------|-----------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| <u>TANKIN</u> | <u>1</u> | <u>LINDA SAN ANDRES</u> | State, Federal or Fee <u>Fee</u> | |
| Location | | | | |
| Unit Letter <u>B</u> | <u>330</u> | Feet From The <u>W</u> Line and <u>1650</u> Feet From The <u>SE</u> E | | |
| Line of Section <u>7</u> | Township <u>7 South</u> | Range <u>26 East</u> | NMPM, <u>Chavez</u> | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|--|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 | Deepen | Plug Back | Same Res'v. | Diff. Res' |
| 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 OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of well 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/MMCF | 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.

Jack and Patricia Pugh
 (Signature)
Co-owners
 (Title)
1980
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED FL 19 1980, 19
 BY W.A. Gressett
 TITLE TUBINGOR DISTRICT II

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all wells on new and re-completed wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.