Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

-EB 1 7 1994

DISTRICT II
P.O. Drawer DD, Astosia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. N. Dale Nichols 30-005-10187 Address PNO Box 1972 Midland, Texas 79702-1972 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of:

Dry Gas New Well ∇ Oil Recompletion and Gas 🔲 Condensate 🔲 Change in Operator Casingh If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Leas Well No. Pool Name, Including Formation State Pederal or Pee Elkins San Andres (Gas) Brian Lowe <u>: 1980</u> Feet Prom The North Line and 1980 Peet Prom The East Unit Letter ... Range 28 E , NMPM, Chayes Section 26 Township 75 County 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 Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1972 Midland, Texas 79702-1972 or Dry Ges Name of Authorized Transporter of Casinghead Gas N. Dale Nichols is gas actually connected?
Yes When? Unit Ree. If well produces oil or liquids, Sec. Twp. 5-9-90 give incetion of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Reedy to Prod. Date Spudded Top Oil/Gas Pay Name of Producing Formation **Tubing Depth** Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE 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.) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure **Tubing Pressure** Length of Test Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Rbls **GAS WELL** Gravity of Condensate Rible Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above FEB 1 8 1994 Date Approved ___ is true and complete to the best of my knowledge and belief. SUPERVISOR, DISTRICT IL Sale nichels By_ N. Dale Nichols Operator

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

2-10-94

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

All sections of this form must be filled out for allowable on new and recompleted wells.

(915) 682-5621

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.