| NO. OF COPIES RECEIVED | | |
|------------------------|-----|----|
| DISTRIBUTION | | |
| SANTA FE | | 1 |
| FILE | | /- |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | 1 |
| TRANSPORTER | GAS | |
| OPERATOR | | 2 |
| PRORATION OFFICE | | |

| DISTRIBUTION SANTA FE | | CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-1. | | |
|--|--|---|---|--|
| FILE /- | KEQUES1 | REQUEST FOR ALLOWABLE Supersedes Old C-104 and C Effective 1-1-65 | | |
| U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL | _ GAS | |
| LAND OFFICE | | | | |
| TRANSPORTER OIL | | | | |
| GAS | | 2 | | |
| OPERATOR 2 | | <i></i> | 見写像 タフトルコ | |
| Cperator | 1 | | | |
| Mercury Production Com | pany V | | | |
| Address | | | 全中間で 見まり、 ra comment | |
| 508 Fort Worth National | Bank Bidg., Fort Worth, | Texas 75 U2 Other (Please explain) | | |
| Reason(s) for filing (Check proper box | Change in Transporter of: | | | |
| Recompletion | Cil X Dry Ga | s -J'rom m | c Wood Corp. | |
| Change in Ownership | Casinghead Gas Conden | | | |
| | | | | |
| If change of ownership give name and address of previous owner | | | | |
| | * E 4 G E | | | |
| II. DESCRIPTION OF WELL AND | Lease No. Well No. Pool Name | me, Including Fermation | Kind of Lease | |
| State E-92 | | n Queen | State, Federal or Fee State | |
| Location | | | | |
| Unit Letter K ; 16 | 50 Feet From The West Lin | e and 2310 Feet Fr | om The South | |
| 26 | wnship 105 Range 26 | , _{NMPM} , Chaves | S County | |
| Line of Section 26 To | wnship 105 Range 26 | , MULTING | | |
| III. DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GA | as | | |
| Name of Authorized Transporter of Of | or Condensate | Address (Give address to which ap | proved copy of this form is to be sent) | |
| The Permian Corporation | n | P. O. Box 3119, Midla | and, Texas 79701 proved copy of this form is to be sent) | |
| Name of Authorized Transporter of Ca | ssinghead Gas or Dry Gas | Address (Give address to which up | proved copy of this form is to be sent? | |
| None | Unit Sec. Twp. Rge. | Is gas actuall / connected? | When | |
| If well produces oil or liquids, give location of tanks. | F 26 10S 26E | No | | |
| | ith that from any other lease or pool, | | | |
| IV. COMPLETION DATA | | | Plua Back Same Resty, Diff. Resty, | |
| Designate Type of Completi | on - (X) | New Well Workover Deeper. | Plug Back Same Resty. Diff. Resty. | |
| | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| Date Spudded | Date Compi. Ready to Frod. | Total Bopin | | |
| Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | Top Cil/Gas Pay | Tubing Depth | |
| | | | | |
| Perforations | | | Depth Casing Shoe | |
| | | CENTING RECORD | | |
| | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| HOLE SIZE | CASING & TOBING SIZE | | | |
| | | | | |
| | | | | |
| | | | | |
| V. TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be a | fter recovery of total volume of load epth or be for full 24 hours) | oil and must be equal to or exceed top allow- | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Me hod (Flow, pump, go | is lift, etc.) | |
| pare i not non on man to a seem | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | | Water - Bbls. | Gas - MCF | |
| Actual Prod. During Test | Oil-Bbls. | water - Bals. | GdB-W.C. | |
| <u> </u> | | | | |
| GAS WELL | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | |
| | | | | |
| VI. CERTIFICATE OF COMPLIAN | NCE | OIL CONSER | RVATION COMMISSION | |
| | Landada of the Oil Committee | APPROVED | , 19 <u> </u> | |
| 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. | | By W. a. Erassett | | |
| | | BY. 10.01 | | |
| \sim | | TITLE This form is to be filed in compliance with RULE 1104. | | |
| Frank Carde | | | | |
| Frank Lande | <u> </u> | to this is a request for allowable for a newly drilled or deepened | | |
| (Sig | nature) | well, this form must be accorded tests take on the well in a | mosoied by a tabulation of the deviation | |
| Preside | ont | All sections of this form | must be filled out completely for allow- | |
| (Title) | | able on new and recompleted wells. | | |

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.