

|                  |     |  |
|------------------|-----|--|
| BY UNITED STATES |     |  |
| DEPARTMENT OF    |     |  |
| TAXES            |     |  |
| DATE             |     |  |
| D.D.             |     |  |
| IN FULL          |     |  |
| RECEIVED         | DOL |  |
|                  | GAS |  |
| DATE             |     |  |
| LOCATION OFFICE  |     |  |

P. O. Box 1668, Albuquerque, New Mexico 87103

|                     |                          |                 |                                     |                                     |
|---------------------|--------------------------|-----------------|-------------------------------------|-------------------------------------|
| Well                | <input type="checkbox"/> | Transporter of: |                                     |                                     |
| Completion          | <input type="checkbox"/> | Oil             | <input type="checkbox"/>            | Dry Gas <input type="checkbox"/>    |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas  | <input checked="" type="checkbox"/> | Condensate <input type="checkbox"/> |

### DESCRIPTION OF WELL AND LEASE

Joint Letter M : 660 Feet From The South Line and 660 Feet From The West Line of Section 17 Township 10S Range 28E , NMPM, Chaves County

|   |                  |                   |                    |                    |   |                        |
|---|------------------|-------------------|--------------------|--------------------|---|------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Navajo Crude Oil Purchasing Co.</u>    |                  |                   |                    |                    | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 159, Artesia, New Mexico</u>       |                        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Pecos River Gas Plant, Ltd</u> |                  |                   |                    |                    | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 4000, The Woodlands, TX. 77380</u> |                        |
| Well produces oil or liquids,<br>Location of tanks.   | Unit<br><u>M</u> | Sec.<br><u>17</u> | Twp.<br><u>10S</u> | Rge.<br><u>28E</u> | Is gas actually connected?<br><u>yes</u>  | When<br><u>10/8/83</u> |

is production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

| COMPLETION DATA                    |                             | Oil Well        | Gas Well | New Well | Workover | Deepen | Plug Back         | Some Rest'y. | Diff. Rest'y. |
|------------------------------------|-----------------------------|-----------------|----------|----------|----------|--------|-------------------|--------------|---------------|
| Designate Type of Completion - (X) |                             | X               |          |          |          |        |                   |              |               |
| Is Spudded                         | Date Compl. Ready to Prod.  | Total Depth     |          |          |          |        | P.B.T.D.          |              |               |
| Locations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation | Top Oil/Gas Pay |          |          |          |        | Tubing Depth      |              |               |
| San Andres                         |                             |                 |          |          |          |        |                   |              |               |
| Locations                          |                             |                 |          |          |          |        | Depth Casing Shoe |              |               |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

ST DATA AND REQUEST FOR ALLOWABLE  
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)

| WELL                         |                 | DATE  |            |
|------------------------------|-----------------|---|------------|
| • First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test               | Tubing Pressure | Coating Pressure                              | Chore Size |
| Vol Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

S H F L L

| Well                            | Length of Test              | Rate, Condensate/ADUCF       | Gravity of Condensate |
|---------------------------------|-----------------------------|------------------------------|-----------------------|
| Test Prod. Test-MCF/ADUCF       |                             |                              |                       |
| Sealing Method (Prod. Back Fr.) | Tubing Pressure = (2800-10) | Coating Pressure = (2800-10) | Choke Size            |

**CERTIFICATE OF COMPLIANCE**

reby certify that the rules and regulations of the Oil Conservation  
ision have been complied with and that the information given  
is true and complete to the best of my knowledge and belief.

*Karen Azar*  
(Signature)  
Production Secretary

Production Secretary

10/14/83

(1110)

(1010)

OIL CONSERVATION DIVISION

**OCT 21 1983**

APPROVED \_\_\_\_\_ 19

APPROVED \_\_\_\_\_  
Original Signed By

BY Leslie A. Clements

Supervisor District 11

TITLE \_\_\_\_\_

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 Form C-104 must be filed for each pool in multiple completed wells.