| WO OF CODIES BEEF | 20 | | | |
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| SANTA FE | | T / | | |
| FILE | | | | |
| U.S.G.S. | | | | |
| LAND OFFICE | | | | |
| TRANSPORTER | OIL | | | |
| | GAS | | | |
| OPERATOR | | ** | | |
| PRORATION OFFICE | | | | |

| | SANTA FE | | ONSERVATION COMMISSION FOR ALLOWABLE | Form C-104 Supersedes Old C-104 and C-110 | | |
|--|--|--|--|---|--|--|
| | FILE : | | AND | Effective 1-1-65 | | |
| | U.S.G.S. | AUTHORIZATION TO TRA | NSPORT OIL AND NATURAL (| SAS COLUMN TO THE STATE OF THE | | |
| i | LAND OFFICE OIL | | | | | |
| | TRANSPORTER GAS | | | RELATE NUM | | |
| 1. | OPERATOR PRORATION OFFICE | | | C. G. C. | | |
| | Operator BETRICE BEDINGFIELD | | | | | |
| | P.O. Box 196 Artesia, N.M 88210 | | | | | |
| | Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Please explain) Change from J. E. Bedingfield | | | | | |
| | Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate Change from continental Pipeline | | | | | |
| | If change of ownership give name and address of previous owner J. B. Bedingfield P.O. Box 196 Artesia, N.M. | | | | | |
| 11. | DESCRIPTION OF WELL AND | LEASE | · · · · · · · · · · · · · · · · · · · | | | |
| | Lease Name HASTIE | Well No. Pool Name, Including Fo | SR) Kind of Lease State, Federa | lor Fe Federal 045810a | | |
| | Location Unit Letter F ; 165 | C Feet From TheLine | e andFeet From ' | _{The} W | | |
| | 1.3 | waship Range | 28 27E NMPM, Fddy | County | | |
| | | | | - County | | |
| III. | Name of Authorized Transporter of Oll Navajo Refining Co. | rer of OIL AND NATURAL GA or Condensate PipeLine Division | S Address (Give address to which appro Artesia, New Mexic | | | |
| | Name of Authorized Transporter of Cas | | Address (Give address to which appro | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. 17S 28E | Is gas actually connected? | en | | |
| | If this production is commingled wire COMPLETION DATA | th that from any other lease or pool, | give commingling order number: New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | |
| | Designate Type of Completion | | | | | |
| | 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 | 1 | <u>L</u> | Depth Casing Shoe | | |
| | | TUBING, CASING, AND | CEMENTING RECORD | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | | | | | | |
| | | | | | | |
| v. | TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be as | l fter recovery of total volume of load oil | and must be equal to or exceed top allow- | | |
| | OIL WELL Date First New Oil Run To Tanks | able for this de | pth or be for full 24 hours) Producing Method (Flow, pump, gas li | ft, 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 (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| *** | CERTIFICATE OF COMPLIAN | OF. | OH CONSERVA | ATION COMMISSION | | |
| vi. | CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION SEP 1 8 1969 | | | |
| 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. Bressett | | | |
| | | | TITLE OIL MESS GREETS | 선 · · · · · · · · · · · · · · · · · · · | | |
| Backroonen (Signature) | | | This form is to be filed in compliance with RULE 1104. 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. | | | |
| | | | | | | |
| 6-10-1969 | | | Fill out only Sections I II III and VI for changes of owner. | | | |

(Date)

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.