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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ECETVED JUN 9 1969 O. C. C. ARTESIA, OFFICE ANADARKO PRODUCTION COMPANY Address P. O. Box 9317, FORT WORTH, TEXAS 76107 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: Dry Gas Recompletion Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. Kind of Lease Pool Name, Including Formation B-11275 State X X Mera F & X X e 2 ARTESIA NEW MEXICO STATE Location 990 W Feet From The 990 __Line and ___ Unit Letter EDDY Township 18 27 Line of Section 13 NMPM, County Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) P. O. Box 67, ARTESIA, NEW MEXICO 88210 NAVAJO REFINING COMPANY Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Is gas actually connected? Twp. Rge. Unit If well produces oil or liquids, give location of tanks. 13 27 If this production is commingled with that from any other lease or pool, give commingling order number: . COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. New Well Workover Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water-Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE JUN 10 1989 APPROVED I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given OIL AND GAS INSPECTOR

TITLE _

| bove is true and complete to the best of my knowledge and belief. |
|---|
| & M. Chaffin |
| J. W. CHAFFIN (Signature) PRODUCTION RECORDS SUPERVISOR |
| June 5, 1969 |

(Date)

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.

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.