NEW MEXICO DIE CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Natural Energies, Inc. Address P. O. Box 8022 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change In Operator Recompletion 011 Dry Gas Change in Ownership Casinghead Gas Condensate Operator If change of ownership give name Sam Boren, 325 Park Cities Bank Bldg., Dallas, Texas and address of previous owner Sam Boren, 325 Park Cities Bank Bldg., Dallas, Texas II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, including Formation Kind of Lease Graham "B" State 2 North Bagley-Pennsylvanian state, Foderal or Foo State Location 1980 Feet From The North Line and 660 Feet From The East Unit Letter Township 11-S 33-E 30 Lea Line of Section Range , NMPM, 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 591, Tulsa, Oklahoma Amoco Production Co. or Dry Gas Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma Warren Petroleum Corporation P.ge. Unit Is gas actually connected? 30 33E H 11S Yes October 6, 1970 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Deepen Gas Well Plug Back | Same Res'v. Diff. Res'v. Oil Well Designate Type of Completion - (X) 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 Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (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 Tubing Pressure Casing Pressure Length of Test Water - Bbls. Gge - MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

ugene M

President

October 12,

(Signature)

(Title)

(Date)

MATURAL ENERGIES, INC.

1971

OIL CONSERVATION COMMISSION

APPROVED	MAR	3 1972	19
	(Orig. Signed by	· •
BY		Joe D. Ramey	
T1T1 E		Dist. I, Supv.	

75205

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County

74102

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K-3837

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.

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OIL CONSERVATION COMM.