## NEW MEXICE OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL IRANSPORTER OPERATOR PRORATION OFFICE Natural Energies, Inc. Address P. O. Box 8022, Dallas, Texas 75205 Reason(s) for filing (Check proper box) Other (Please explain) New Well Oil Recompletion Dry Gas Change In Operator Change in Ownership Casinghead Gas Condensate Operator If change of owner-Ship give nameSam Boren, 325 Park Cities Bank Bldg., Dallas, Texas and address of previous owner\_ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Mathers "A" 1 North Bagley-Pennsylvanianstate, Federal or Fee Location 660 Feet From The North Line and 1980 \_Feet From The \_West Unit Letter Range 33-E Line of Section 30 11**-**S Lea NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil XX Address (Give address to which approved copy of this form is to be sent) Amoco Production Co. P. O. Box 591, Tulsa, Oklahoma of Authorized Transporter of Casinghead Gas dress (Give address to which approved copy of this form is to be sent) Warren Petroleum Corporation P. O. Box 1589, Tulsa, Oklahoma P.ge. Unit Twp. Is gas actually connected? If well produces oil or liquids, give location of tanks. : 30 33E 111S C Yes January, 1969 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Same Res'v. Diff. Res'v. Plug Back 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 Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OII. 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) OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	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

## 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.

NATURAL ENERGIES, INC.
President
(Title) October 12, 1971

(Date)

OIL CONSERVATION COMMISSION

75205

Lease No.

County

74102

APPROVED	MAR 3 1872	, 19
8Y	Orig. Signed by	
TITLE	Joe D. Ramey Dist. I. Supv.	

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.

NO. OF COPIES REC	EIVED	j	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
I AND ON EN	GAS		
OPERATOR			
PRORATION OFFICE			

11.

III.

- ⊢	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CO REQUEST F	ONSERVATION COMMI FOR ALLOWABLE AND	SSION	Form C-104  Supersedes Old C-104 and C-110  Effective 1-1-65
1.	U.S.G.S.  LAND OFFICE  I RANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND N	IATURAL GAS	
	Operator Caro Roman				
-	Sam Boren Address				
	Box 953, Midland, Texa				
1	Reason(s) for filing (Check proper box) New We!1	Change in Transporter of:	Other (Please	explain)	
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	<b>=</b> :		
	f change of ownership give name nd address of previous owner				
	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ey-Pennsylve	nian	,
ĺ	Lease Name Mathers A	Well No. Pool Name, Including To	R - 3988	State, Federal or Fee	Lease No.
}	Location				1
	Unit Letter C ; 680	Feet From TheLine	e and <u>1930</u>	_ Feet From The	<u> </u>
	Line of Section 30 Tow	vnship 115 Range	33E , NMPM	lea	County
L					
III. J	Name of Authorized Transporter of Oil	rer of oil and natural GAS or Condensate	S Address (Give address	o which approved cop	y of this form is to be sent)
i	Service Pipe Line	ro Pipelina Co.	341	Krowille A	y of this form is to be sent)
	Name of Authorized Transporter of Cas	me of Authorized Transporter of Casinghead Gas or Dry Gas			
-	Warzen Petroleum Cc.	Unit Sec. Two. Age.	Is gas actually connect	1889, Rulsa,	uklanoma
	If well produces oil or liquids, give location of tanks.	C 30 1.5 33	yes		≥ry 1969
1	f this production is commingled wit	th that from any other lease or pool,	give commingling orde	number:	
IV. ر	COMPLETION DATA		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	Tubi	ng Depth
					h Casing Shoe
	Perforations			Dept	n Casing Snoe
	TUBING, CASING, AN		CEMENTING RECOR	D	
Ţ	HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ĒT	SACKS CEMENT
ŀ					-
ŀ					
	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be af able for this de	pth or be for full 24 hour	s)	st be equal to or exceed top allow-
j	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flor	υ, pump, gas lift, etc.	)
	Length of Test	Tubing Pressure	Casing Pressure	Chol	ce Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas	-MCF
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	GAS WELL		TD1 0 1 00/0	- 10	din of Condonado
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	r Gran	rity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	cho	ke Size
VI.	CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVATIO	N COMMISSION
			APPROVED	$\wedge$	. 19
	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.		h de la companya della companya della companya de la companya della companya dell		
		TITLE			
	0 - 16	y'	This form is t	o be filed in compl	iance with RULE 1104.
Agent (Signature)		I wall this form mil	it he accompanied l	for a newly drilled or deepened by a tabulation of the deviation	
		tests taken on the	well in accordance	with RULE 111. filled out completely for allow-	
			II AII AAATIANE -		
		itle)	able on new and r	ecompleted wells.	
	1/14/83	itle)	Fill out only well name or numb	scompleted wells.  Sections I, II, III, er, or transporter, or	and VI for changes of owner, other such change of condition. filed for each pool in multiply