

| | | |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | |
|--|---|
| Operator Delaware-Apache Corporation | |
| Address 1720 Wilco Building, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | |

If change of ownership give name and address of previous owner

| | | | | |
|---|------------|---|--|----------------------------------|
| Lease Name U..S. Schram | Well No. 1 | Pool Name, including Formation Middle Allison-Penn | Kind of Lease State, Federal or Fee Federal | NM Case No. 0396347 NM7079 |
| Location Unit Letter F, 1980 Feet From The N Line and 1980 Feet From The W | | | | |
| Line of Section 1 Township 9S Range 35E, NMPM, Lea County | | | | |

| | | | | |
|---|--------|--|---------|----------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation | | Address (Give address to which approved copy of this form is to be sent) Midland, Texas 79701 | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> No NC | | Address (Give address to which approved copy of this form is to be sent) | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 1 | Twp. 9S | Pge. 35E |
| Is gas actually connected? | | When | | |
| no | | | | |

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

| | | | | | | | | | |
|---|--|--|-----------------------------------|--|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 2-1-69 | Date Compl. Ready to Prod. 3-12-69 | Total Depth 9910 | | P.B.T.D. 9866 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) GR 4127 | Name of Producing Formation Bough C | | Top Oil/Gas Pay 9835 | | Tubing Depth 9806 | | | | |
| Perforations | | Depth Casing Shoe 9910 | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 15" | 11 3/4" | | 380 | | 150 SX | | | | |
| 11" | 8 5/8" | | 4100' | | 200 SX | | | | |
| 7 7/8" | 5 1/2" | | 9910 | | 400 | | | | |
| | 2 3/8" | | 9834' | | | | | | |

| | | | |
|---|-----------------------------|--|----------------------|
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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) | | | |
| Date First New Oil Run To Tanks 3-12-69 | Date of Test 3-13-69 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 2 1/4 hrs. | Tubing Pressure 100-140# | Casing Pressure Packer | Choke Size 48/64" |
| Actual Prod. During Test 780 | Oil - Bbls. 500 | Water - Bbls. 280 | Gas - MCF 714 |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

I. 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.

Bonnie J. Husband
(Signature)
Production Secretary
(Title)
3-14-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY [Signature]

TITLE _____

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.