Location Unit Letter B 660 Feet From ThenorthLine and1980 Feet From Theea Line of Section 4 Township 10-S Itemare 37-E , NMFM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Aubyrized Transporter of CH [X] or Condensate [] Address (Give address to which approach copy of	State State St County Coun
Gas Producing Enterprises, Inc. Address P. O. Box 235, Midland, Texas 79701 Reson(i) for filing (Dreck proper box) New Weit Change in Transporter of: Recompletion Change of ownership give name Coastal States Gas Producing Company, P. O. Box 235, Mi If change of ownership give name Coastal States Gas Producing Company, P. O. Box 235, Mi If change of ownership give name Coastal States Gas Producing Company, P. O. Box 235, Mi If change of ownership give name Sawyer State Lerge home Events home Location Sawyer State 1 West Sawyer (San Andres) State. Leaded to Fee Location Unit Letter B 660 Feet From The north Line of Section Township Note of Autigrized Transporter of Orthon X of Contensine [] Note of Autigrized Transporter of Company P. O. Box 3000, Tulsa, Oklahoma Note of Autigrized Transporter of Company P. O. Box 3000, Tulsa, Oklahoma Medi Produces of the No. B 4 10-S 37-E Yes	State State St County this form is to be sent) 75221 this form is to be sent) 74102
P. O. Box 235, Midland, Texas 79701 Recon(s) for filing (Check proper box) New Well Recompletion Change in Connership If change of ownership give nume and address of previous owner Coastal States Gas Producing Company, P. O. Box 235, Mi B. DESCRIPTION OF WELL AND LEASE Lease Nome Call D. Lease Sawyer State Call D. Lease north Sawyer State Call D. Lease north Unit Letter B B. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS Note of Authorized Transporter of D. Company Note of Authorized Transporter of Call Company Note of Authorized Transporter of Campahay Mell production is commungled with that from any other lease or pool, give commungling order number: COMPLETION OF TRANSPORTER OF Completion = (X) Mobil Pipeline Company Note of Authorized Transporter of Campahay New of Authorized Transporter of Campahay	State State St County this form is to be sent) 75221 this form is to be sent) 74102
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Location Unit LetterB	St County this form is to be sent) 75221 this form is to be sent) 74102
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II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit (X) or Condensite [] Audress (Give address to which approved copy of P. O. Box 900, Dallas, Texas Name of Authorized Transporter of Continuing (Cities Service Oil Company) P. O. Box 900, Dallas, Texas Name of Authorized Transporter of Continuing (Cities Service Oil Company) P. O. Box 300, Tulsa, Oklahoma If well produces oil or liquids, [10:01] Sec. [Twi, [Eqn.]] Is gas actually connected? [When, give location of tarks.] If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion = (X) Oil Well Gas Veli [] Designate Type of Completion = (X) Date Spudded Date Compl. Bendy to Prod. Total Depth P.B.T.D. Perforations Destrictions (DF, RKB, RT, GR, etc., [] Name of Freducing Ferminition Top Oil/Gas Pay Tuting Destrictions	this form is to be sent) 75221 this form is to be sent) 74102
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Mobil Pipeline Company P. O. Box 900, Dallas, Texas Nome of Authorized Transporter of Casimulae (Circle) Advess follow address to which approved copy of Cities Service Oil Company P. O. Box 300, Tulsa, Oklahoma If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Fage. If this production of tanks. B 4 If this production of tanks. B 4 If this production is commingled with that from any other lease or pool, give commingling order number: August V. COMPLETION DATA Oil Well Designate Type of Completion = (X) Oil Well Gas Well Date Spudded Date Compl. Bendy to Prod. Total Depth P.B.T.D. Total Depth P.B.T.D. Perforations Depth Cas TUBING, CASING, AND CEMENTING RECORD Depth Cas	75221 this form is to be sent) 74102
Cities Service Oil Company P. O. Box 300, Tulsa, Oklahoma If well produces oil or liquids, give location of tarks. Unit Sec. Twr. Bge. Is as actually connected? Wher. give location of tarks. B 4 10-S 37-E Yes August If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well Workover Designate Type of Completion = (X) Oil Well Gas Well Workover Despen Plug Back Date Spudded Date Compl. Bendy to Prod. Total Depth F.B.T.D. Elevations (DF, RKB, RT, GR, etc.,) Name of Freducing Fermation Top Oil/Gas Pay Tuting Despite Cas TUBING, CASING, AHD CEMENTING RECORD Total Depth Perth Cas	74102
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TUBING, CASING, AND CEMENTING RECORD	
	ing Shoe
HOLE SIZE CASING & TUBING SIZE DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be	equal to or exceed top allow.
OIL WFIL able for this depth or be for full 24 hours) Date First New Oil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	·
Length of Test Tubing Pressure Casing Pressure Choke Siz	•
Actual Prod. During Test Cil-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 COMPLIANCE OIL CONSERVATION CO	MMISSION
I hereby certify that the rules and regulations of the Oil Conservation	<u> </u>
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Jobs Theorem	
This form is to be filed in compliance	
If this is a request for allowable for allowable for a request for allowable for al	with RULE 1104.
(Tule) All sections of this form must be filled able on new and recompleted wells.	with RULE 1104, newly drilled or deepened ubulation of the deviation
June 25, 1975 (Date) Fill out only Sections I, II, III, and V (Date)	with RULE 1104. newly drilled or deepened abulation of the deviation RULE 111.

NO. OF COPIES RECEIVED]			
		CONSERVATION COMMISSION	Form C-104	
SANTA FE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C.	
U.S.G.S.		AND	Effective 1-1-65	
	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL GAS		
TRANSPORTER OIL GAS				
OPERATOR				
I. PRORATION OFFICE				
Operator Coastal States Gas I Address	roducing Company			
P.O. Box 235, Midlar Reason(s) for filing (Check proper	la, Texas /9/01	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry G	Gas Casinghead gas c	onnected	
Change in Ownership	Casinghead Gas Cond	ensate		
If change of ownership give name and address of previous owner	2			
I. DESCRIPTION OF WELL AN				
Lease Name	Well No. Pool Name, Including I		Lease No.	
Sayyer State	1 West Sawyer ((San Andres) State, Federal or F	State	
Unit Letter <u>B</u> ;;	660 Feet From The North	ine and 1980 Feet From The	East	
Line of Section 4	Township 10-South Range 3	7-East , NMPM, Lea	County	
	RTER OF OIL AND NATURAL G.			
Name of Authorized Transporter of	Λ	Address (Give address to which approved co		
Mobil Pipe Line Comp Name of Authorized Transporter of	any Casinghead Gas [_] or Dry Gas [_]	P.O. Box 900, Dallas, Tex Address (Give address to which approved co	as 75221	
Cities Service Oil C	A			
If well produces oil or liquids,	Unit Sec. Twp. Pge.	P.O. Box 300, Tulsa, Oklahoma 74102 is gas actually connected? When		
give location of tanks.	B 4 10-S 37-E		guat 26, 1971	
Designate Type of Comple	tion - (X) Oil Well Gas Well Date Compl. Ready to Prod.		g Back Same Res'v. Diff. Res'	
			·····	
Elevations (DF, RKB, RT, GR, etc.	, Name of Producing Formation	Top Cil/Gas Pay Tuk	bing Depth	
Perforations		Der	oth Casing Shoe	
		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUEST		ifter recovery of total volume of load oil and m	ust be equal to or exceed top allo	
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.		
		Producing Method (Piow, pump, gas tijt, etc.	•/	
Length of Test	Tubing Pressure	Casing Pressure Cho	ke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls. Gas	- MCF	
	<u> </u>	l		
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gran	vity of Condensate	
			•	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Cho	ke Size	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION		
		errs 9 107	81	
	regulations of the Oil Conservation			
	with and that the information given he beat of my knowledge and belief.	BYOrig. Signed h Joe D. Ramey	۱	
-	-	Joe D. Ramey	1	
1		TITLE Dist. I, Supv.		
QERHA	illed a	This form is to be filed in compli		
/Sie	nature)	If this is a request for allowable i well, this form must be accompanied b	y a tabulation of the deviation	
	ction Manager	tests taken on the well in accordance	with RULE 111.	
	Vile)	All sections of this form must be	nied out completely for allow	

roduction	Manager
(Title)	

All sections of this form must be filled out completely for allow-

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NC	DISTRIBUTION	-		
SAP	NTA FE		CONSERVATION COMMISSION	Form C-Los and C-104 and C-1
FIL		_	AND	C L L L L ledivery
	.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATU	
				MAR 2 3 1970
	GAS	-		IL CONSERVATION COMM.
	ERATOR		ί	HOBBS, N. M.
I. PRO	ORATION OFFICE		· · · · · · · · · · · · · · · · · · ·	
C C	oastal States Gas Pr	oducing Company		
Addr		1		
	• 0. Box 235, Midlan son(s) for filing (Check proper box		Other (Please explain	
1	We!l	Change in Transporter of:	Omer (r teuse explain	•)
Reco	ompletion	Oll X Dry G	as	
Char	nge in Ownership	Casinghead Gas Conde	ensate	
	ange of ownership give name			
anda	address of previous owner			
	CRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Formation Kind o	f Lease Lease No.
8	Sawyer 🖤 🕅	1 West Sawyer ((San Andres) State,	Federal or Fee State
Loca	Ition	•		
U	nit Letter <u>E 660</u> ; 660	Feet From The north Lin	ne and 1980 Feet	From The <u>east</u>
L	ine of Section 4 To	wnship 10S Range	37E , NMPM,	Lea County
	e of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA 1 X or Condensate		approved copy of this form is to be sent)
	obil Pipeline Compan	У	P. O. Box 900, Dal	<u>las, Texas 75221</u>
Name	e of Authorized Transporter of Ca	singhead Gas 📋 or Dry Gas 🔄	Address (Give address to which	approved copy of this form is to be sent)
-		Unit Sec. Twp. Rge.	Is gas actually connected?	When
	ell produces oil or liquids, location of tanks.	B 4 10S 37E	No	
If this	s production is commingled wi	th that from any other lease or pool,		r:
	PLETION DATA	Oil Well Gas Well	New Well Workover Deen	
D	esignate Type of Completio		New well workover Deep	en Plug Back Same Restv. Diff. Restv.
Date	Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevo	ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perfo	prations			Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, ANI CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & LUBING SIZE	DEFINSEI	SACKS CEMENT
N 7556	T DATA AND DECUEST E			
	T DATA AND REQUEST F	able for this de	epth or be for full 24 hours)	ad oil and must be equal to or exceed top allow
Date	First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)
1 eng	th of Test	Tubing Pressure	Casing Pressure	Choke Size
Actuc	al Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
		<u></u>	<u>_</u>	J
GAS	WELL			
·······	al Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Teet	ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
1 491	and memory hannes have but	(our		
	TIFICATE OF COMPLIAN	CE		RVATION COMMISSION
				. 19
Comm	ission have been complied w	regulations of the Oil Conservation vith and that the information given	APPROVED	P Providence in the second sec
above	is true and complete to the	best of my knowledge and belief.	BY THE	K. Muy
	,		JUPERVIS	OR DISTRACT &
	Que elloma	\cap	This form is to be file	d in compliance with RULE 1104.
			If this is a request for	allowable for a newly drilled or deepened
TV.	(Signa		tests taken on the well in	companied by a tabulation of the deviation accordance with RULE 111.
1	vision Production Ma (Tit			

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March 20, 1970

(Date)

able 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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