NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE REQUEST FOR ALLOWABLE AND U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Address DOLL 1031 MEW MEXICÓ OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Oid C-104 and Oid C-
REQUEST FOR ALLOWABLE AND U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Address Address
REQUEST FOR ALLOWABLE AND U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Operator Address Address
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Operator Jennero Oil Company Address
Denners Oil Company
Jennero Oil Company
Address
Other (Please explain)
Reason(s) for filing (Check proper box) Other (Please explain)
New Well Change in Transporter of: Change from Change
Reason(s) for filing (Check proper box) New We!1 Recompletion Change in Transporter of: Change in Ownership Casinghead Gas Condensate Other (Please explain) Change from Permian Conf. Change from Permian Conf. To Makil as Ail Transporter of: To Makil as Ail Transporter
If change of ownership give name and address of previous owner
Lease Name Canapbell Federal 1 Vada Pennsylvanians Kint of Lease NM 5.
Unit Letter F: 1980 Feet From The North Line and 1944 Feet From The West
Line of Section 7 Township 9-5 Range 36E, NMPM, Lea Cou
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil & or Condensate Address (Give address to which approved copy of this form is to be sent) Make I Pupe Line Company Boy 900, Dallas, Defas
Name of Authorized Transporter of Casinghead Gas of Ory Gas Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Corp. Boy 1589, Julsa Oklahoma Is as actually connected? When
If well produces oil or liquids, are location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks. O 7 9-5 36-E NO. Rear future

uture COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back Oil Well Gas Well New Well Workover Designate Type of Completion -(X)Total Derth 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 DEPTH SET 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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test

GAS WELL				
	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.

5-(Date) OIL CONSERVATION COMMISSION

APPROVE/D BY 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.