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April 13, 1970 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE **AND** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Oil Development Company of Texas 900 Polk Street, Amerillo, Texas 79101
Reason(s) for filing (Check proper box) Other (Please explain) X Change in Transporter of: New Well Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee West Sawyer (San Andres) Fee SFPRR Locatio Feet From The **South** Line and \_\_1980\_ Feet From The West 660 Unit Letter , NMPM, County Range 37E Township 98 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 1 Mobil Oil Gerperation which approved copy of this addres or Dry Gas None When Is gas actually connected? Unit Sec. Twp. Rae. If well produces oil or liquids, 96 37E give location of tanks. G If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. New Well TOIL Well Gas Well Designate Type of Completion -(X)Date Compl. Ready to Prod. Total Depth Date Spudded 4992 50031 3-30-70 3-9-70 Tubing Depth of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) 4989 3968' RICB 4920 San Andres Depth Casing Perforations 50021 4936' to 4956' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 8-5/8" 250 sx 12-1/4" 4071 7-7/8" 4-1/2" 50021 250 sx 2-3/8" <del>1</del>089. (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 <u>4-3-70</u> Pumping <u>3-30-70</u> Choke Size Casing Pressu Tubing Pressure 24 hours Gas - MCF Water - Bbls Oil-Bbls. Actual Prod. During Test 12.2 MCF 64 89 bbls **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE ABR APPROVED 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. SUPERVISOR DISTRICT 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. Petroleum

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