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| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | <u> </u> | |
| TRANSPORTER | OIL | | |
| | GAS | | <u> </u> |
| OPERATOR | | <u> </u> | |
| PROBATION OFFICE | | L | <u> </u> |

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|---|---|---|--|--|
| NO. OF COPIES RECEIVED | | | Form C-104 | |
| DISTRIBUTION | NEW MEXICO OIL CO | NSERVATION COMMISSION | Supersedes Old C-104 and C-11 | |
| NTA FE | REQUEST FOR ALLOWABLE Eliective 1-1-65 | | | |
| LE | | AND | .e | |
| .s.g.s. | AUTHORIZATION TO TRAN | ISPORT OIL AND NATURAL GA | 42 | |
| AND OFFICE | | | | |
| OIL | | | | |
| RANSPORTER | | | | |
| GAS | | | | |
| PERATOR | | | | |
| RORATION OFFICE | | | | |
| perator | - A Moyor | | | |
| Oil Development Comp | any of Texas | | | |
| idea e e | | | | |
| 900 Polk Street, Ame | arillo, Texas (9101 | Other (Please explain) | | |
| eason(s) for filing (Check proper box | , | Office (1 teams | | |
| ew Well | Change in Transporter of: | r \ | | |
| ecompletion | Oil Dry Gas | · <u></u> | | |
| hange in Ownership | Casinghead Gas Condens | sate | | |
| hange in Ownership | | | | |
| change of ownership give name | THIS WELL HAS | BEEN PLACED IN THE POOL | | |
| d address of previous owner | DESIGNATED BE | FOM: IL TOO DO HOF DOWN | | |
| | NOTIFY THIS O | ++10E. | Lease No. | |
| ESCRIPTION OF WELL AND | Well No. Pool Name, Including Fo | ormation R. 4242 Kind of Lease | | |
| ease Name | 100 | San Andres) State, Federal | lor Fee Fee | |
| SFPRR | 12 West Sawyer (| | | |
| ocation | _ | 660 Feet From | The West | |
| • | BO Feet From The South Lin | e and 660 Feet From | I no HODO | |
| Unit Letter;190 | | | Lea County | |
| | ownship 9S Range | 37E , NMPM, | | |
| Line of Section 27 | | | | |
| | AND NATURAL GA | S | to be sent) | |
| ESIGNATION OF TRANSPO | RTER OF OIL AND NATURAL GA | Address (Give address to which appro | bed copy of this form to the copy | |
| Name of Authorized Transporter of C | ··· <u>k.a.</u> | P. O. Box 900, Dallas Address (Give address to which appro | , Texas | |
| Mobil Pipeline Cor | poration | Address (Give address to which appro | ved copy of this form is to be sent, | |
| Name of Authorized Transporter of C | casinghead Gas X | P. O. Box 300, Tulsa, | Oklahoma 74102 | |
| Cities Service Oil | Company | Is gas actually connected? Wh | nen | |
| | Unit Sec. Twp. Rge. | 1 | 11-3-71 | |
| If well produces oil or liquids, give location of tanks. | G 33 9S 37E with that from any other lease or pool, | Yes | 11 5 1- | |
| COMPLETION DATA Designate Type of Comple | tion – (X) X | X Total Depth | P.B.T.D. | |
| Date Spudded | Date Compl. Ready to Prod. | | 5013' | |
| 10-15-71 | 11-3-71 | 5030 Top Oil/Gas Pay | Tubing Depth | |
| Elevations (DF, RKB, RT, GR, etc. | Name of Producing Formation | . | 50001 | |
| Claration (St., Mary 1997) 1 PW | B San Andres | 4954' | Depth Casing Shoe | |
| 3964' GL, 3974'RK | D 1 Duit 1:44- | | | |
| Perforations | 2251 | | | |
| 4954-80' & 4988-5 | TURING CASING, AL | ND CEMENTING RECORD | | |
| | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| HOLE SIZE | | 425' | 325 | |
| 12-1/4" | 8-5/8" | 5030' | 250 | |
| 7-7/8" | 4-1/2" | 5000' | | |
| <u>1-1/0</u> | 2-3/8" | | | |
| | | | il and must be equal to or exceed top a | |
| Land Browner | FOR ALLOWABLE (Test must be | after recovery of total volume of load o | the must be admit to a. Charles | |
| TEST DATA AND REQUEST | able for this | depth or be for full 24 hours) Producing Method (Flow, pump, gas | | |
| OIL WELL Date First New Oil Run To Tanks | | | - · | |
| | 11-5-71 | Pumping | Choke Size | |
| 11-3-71 Length of Test | Tubing Pressure | Casing Pressure | U | |
| Length of Test | 1 | | G-0-VGE | |
| 24 hrs. | Oil-Bbls. | Water-Bbls. | Gae-MCF | |
| Actual Prod. During Test | | 22.5 | 73.7 | |
| 150.2 | 127.7 | | | |
| | | | | |
| GAS WELL | | Bbis. Condensate/MMCF | Gravity of Condensate | |
| Actual Prod. Test-MCF/D | Length of Test | DDIE: Colinguation, Minio. | | |
| Actual Float 1001 | <u>;</u> | 40.401 | Choke Size | |
| No. 2 (Siesa back ne.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | • | |
| Testing Method (pitot, back pr.) | | | | |
| | | OIL CONSER | VATION COMMISSION | |
| . CERTIFICATE OF COMPL | IANCE | NUV | 17-19/1 | |
| | | | | |
| | | A II MERITO VALUE | | |
| and the second of the second of | and regulations of the Oil Conservati | | THE TOTAL STATE OF THE PARTY OF | |
| I hereby certify that the rules | and regulations of the Oil Conservati | ef. BY | MAN DISTRICT | |
| I hereby certify that the rules Commission have been compl above is true and complete t | and regulations of the Oil Conservati ied with and that the information giv o the best of my knowledge and beli | en ef. By | DISTRICT L | |
| I hereby certify that the rules Commission have been compl above is true and complete t | and regulations of the Oil Conservati ied with and that the information giv o the best of my knowledge and beli | | DISTRICT I | |
| Commission have been complete tabove is true and complete t | and regulations of the Oil Conservation and that the information gives the best of my knowledge and beli | Dist. | in compliance with RULE 1104. | |

| Jany O Males (Signature) | |
|-----------------------------|---------------------------------------|
| Chief Engineer (Title) | · · · · · · · · · · · · · · · · · · · |
| November 9, 1971 (Date) | |

If this is a request for silowable 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.

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