DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMI Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Address pile ? and a great way on a Reason(s) for filing (Check proper box) Other (Please explain) Change New Well Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Name, Including Formation Kind of Lease State, Federal or Fee Fedora L " WINCHICO me - Wolfern 9977 Location 1980 Feet From The _ Line and Unit Letter 26 20 Township Range 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 🔀 Mobil Dil Corporn tod PO. Box 900 Dilling TOVIS 75221 Address (Give address to which approved copy of this form is to be sent) Name of Authorized ansporter of Casinghead Gas 🔀 Patroloura Cox RO. BOX 1589 Tolor SOVA Twp. Is gas actually connected? Unit P.ge. When If well produces oil or liquids, 20 MES 1933 85 36E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Workover Plug Back Same Resty, Diff. Resty. Designate Type of Completion -(X)X \times Date Compl. Ready to Prod. Total Depth P.B.T.D 9079 9725 WWW LONGE 5-1-75 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 8992' 9050 D=4121 wolfen. Depth Casing Shoe Perforations 8992 TO 9004 9720 TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT CASING & TUBING SIZE HOLE SIZE 60010 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 5-2-75	Date of Teet 5-2-75	Producing Method (Flow, pump, gas lift, etc.)	
Del hours	Tubing Pressure	Casing Pressure	Choke Size NONE
Actual Prod. During Test	оп-вы. 32 ввся	Water-Bbis.	GGB-MOF 35

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

VI. CERTIFICATE OF COMPLIANCE

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_	Pic	<i>K</i> :	Drive	
	: 		(Signature)	
· · · ·		<u></u>		
			(Title)	
			(Date)	

OIL CONSERVATION COMMISSION

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 despensed 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 Spections I. H. Isl, was it and Charles of well name or number, or transporter, or other along charles of the

Consents Worms C-104 must be filed for such need in pr