

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator <u>SNB Operating Co.</u>	
Address <u>Box 906, Lovington New Mexico</u>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Lone STAR Producing Co.
301 S. HARWOOD - DALLAS, TEXAS 75201

Lease Name <u>New Mexico Est. B</u>		Well No. <u>2</u>	Pool Name, Including Formation <u>Prairie Cisco South</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. <u>056774</u>
Location <u>9-1-1</u>					
Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>WEST</u>					
Line of Section <u>21</u> Township <u>8</u> Range <u>36</u> , NMPM, <u>Roosevelt</u> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<u>Mobil Pipeline Company</u>		<u>Box 1073 Midland, Texas 79701</u>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<u>WARREN Petroleum Corporation</u>		<u>Box 2589 Tulsa Oklahoma 74102</u>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>N</u>	<u>21</u>	<u>8S</u>	<u>36-E</u>	<u>Yes</u>	<u>Feb. 4, 1970</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>X</u>									
Date Spudded <u>11-30-60</u>	Date Compl. Ready to Prod. <u>1-20-61</u>	Total Depth <u>9753</u>		P.B.T.D. <u>9727</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4111' DF</u>	Name of Producing Formation <u>Bough 'C' Penn</u>	Top Oil/Gas Pay <u>9679</u>		Tubing Depth <u>9660</u>					
Perforations <u>9681-9695 4 shots P/foot</u>		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<u>Previously Filed by Lone Star</u>									

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 <u>10-16-73</u>	Date of Test <u>10-17-73</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>90</u>	Casing Pressure <u>90</u>	Choke Size <u>2"</u>
Actual Prod. During Test	Oil-Bbls. <u>27</u>	Water-Bbls. <u>27</u>	Gcs-MCF <u>362</u>

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	
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.	
<u>Charles H. Peck</u> (Signature)	
<u>Partner</u> (Title)	
<u>10-16-73</u> (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19 _____	
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.	