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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104

Supersedes Old C-104 and C-110 Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND 14 TUBAL 26 PH 165 lling Company r Building, Artesia, New Mexico Other (Please explain) Change in Transporter of: Dry Gas Casinghead Gas Condensate II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lillie M. Yates 2 Allison Penn Fed. State, Federal or Fee Location 1980 Feet From The South Line and 632.3 Feet From The Unit Letter 37E Roosevelt <u>, имрм,</u> , Township Range Line of Section County III. 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) Box 900, Dallas 21, Texas

Address (Give address to which approved copy of this form is to be sent) Magnolia Pipe Line Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Capitan, Inc. P.O. Box 19598, Dallas, Texas Rge. Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. 37E 9/1/61 31 88 Yes M If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) P.B.T.D. Top Oil/Gas Pay Tubing Depth Name of Producing Formation Depth Casina Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (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 of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Length of Test Tubing Pressure Oil-Bbls. Water-Bbls. Gas-MCE Actual Prod. During Test Actual Frod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 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. 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. Office Manager All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title)

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

completed wells.

Separate Forms C-104 must be filed for each pool in multiply