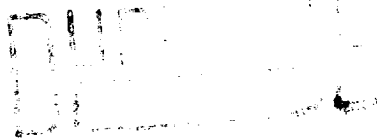


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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

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 1-1-66

JUL 7 11 11 AM '66



I. **OWNER**  
KERN COUNTY LAND CO  
**ADDRESS**  
418 FIRST STATE BANK BLDG MIDLAND, TEXAS  
**Reason(s) for filing (Check proper box)**  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐ GAS FORMERLY VENTED  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. **DESCRIPTION OF WELL AND LEASE**  
**Lease Name** FEDERAL 26 **Well No.** 6 **Pool Name, Including Formation** CHAVEZCO-SAN ANDRES **Kind of Lease** FED.  
**Location**  
0 660 Feet From The SOUTH Line and 1980 Feet From The EAST  
26 Township 7S Range R33E , NMPM, ROOSEVELT County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
**Name of Authorized Transporter of Oil** ☒ or Condensate ☐  
MAGNOLIA PIPE LINE CO **Address (Give address to which approved copy of this form is to be sent)**  
Box 900 DALLAS, TEXAS  
**Name of Authorized Transporter of Casinghead Gas** ☒ or Dry Gas ☐  
CAPITOL, INC. **Address (Give address to which approved copy of this form is to be sent)**  
Box 19598 DALLAS, TEXAS  
**If well produces oil or liquids, give location of tanks.** **Unit** J **Sec.** 26 **Twp.** 7S **Rge.** 33E **Is gas actually connected?** Yes **When** June 7, 1966

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

IV. **COMPLETION DATA**  
**Designate Type of Completion - (X)** ☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Side Entry, Diff. Entry,  
**Date Spudded** \_\_\_\_\_ **Date Compl. Ready to Prod.** \_\_\_\_\_ **Total Depth** \_\_\_\_\_ **P.B.T.D.** \_\_\_\_\_  
**Pool** \_\_\_\_\_ **Name of Producing Formation** \_\_\_\_\_ **Top Oil/Gas Pay** \_\_\_\_\_ **Tubing Depth** \_\_\_\_\_  
**Perforations** \_\_\_\_\_ **Depth Casing Shoe** \_\_\_\_\_  
**TUBING, CASING, AND CEMENTING RECORD**  

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 | Date of Test    | Producing Method (flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

**GAS WELL**  

|                                  |                 |                       |                       |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test  | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure | Casing Pressure       | 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.  
Monck R. Karraach  
(Signature)  
DISTRICT ACCOUNTANT  
(Title)  
7-1-11

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 Sections I, II, III, and VI only for changes of owner,