

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

I. OPERATOR

Operator
Teal Petroleum Company
Address
P.O. Drawer 2358 Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Request for Allowable

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cabot State</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Vada Pennsylvanian</u>	Kind of Lease State, Federal or Fee State <u>State</u>	Lease No. <u>K-3724</u>
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Location

Unit Letter G : 1980 Feet From The East Line and 1980 Feet From The North

Line of Section 32 Township 8-S Range 32-E , NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 900 Dallas, Tx. 75221</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589 Tulsa Okla. 74102</u>

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is this naturally connected?	When
<u>A</u>	<u>32</u>	<u>8-S</u>	<u>32-E</u>	<u>yes</u>	<u>July 30, 1969</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
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Date Spudded <u>11-24-74</u>	Date Compl. Ready to Prod. <u>2-6-75</u>	Total Depth <u>9880</u>	P.B.T.D. <u>9804</u>
Elevations (DF, RKB, RT, GR, etc.) <u>4102 GR : 4118 KB</u>	Name of Producing Formation <u>Bough C</u>	Top Oil/Gas Pay <u>9777</u>	Tubing Depth <u>9719</u>
Perforations <u>9777 to 9795 2shot/ft.</u>			Depth Casing Shoe <u>9880</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17"</u>	<u>12-3/4" csg.</u>	<u>395</u>	<u>450sxs Class C</u>
<u>11"</u>	<u>8-5/8" csg.</u>	<u>3946</u>	<u>250sxs Class C</u>
<u>7-7/8"</u>	<u>4-1/2" csg.</u>	<u>9880</u>	<u>500sxs Class H</u>
	<u>2-3/8" tbg.</u>	<u>9719</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>2-17-75</u>	Date of Test <u>3-10-75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24hrs</u>	Tubing Pressure <u>-----</u>	Casing Pressure <u>-----</u>	Choke Size <u>-----</u>
Actual Prod. During Test	Oil-Bbls. <u>3</u>	Water-Bbls. <u>7</u>	Gas-MCF <u>260</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Douglas W. Rice
(Signature)
District Engineer
(Title)
March 19, 1975
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY [Signature]
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.

INCLINATION REPORT

Field Name Vada Penn County Lea State New MexicoOperator Teal Petroleum Company Address 405 Wall Towers East

Midland, Texas 79701

Lease Name & No. #4 Cabot State Survey 1980' FEL & 1980' FHL

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement(feet)	Accumulative Displacement (feet)
181	1/2	1.57	1.57
358	3/4	2.32	3.89
745	1/4	1.70	5.59
1220	1/2	4.13	9.72
1680	3/4	6.03	15.75
2095	1/4	1.83	17.58
2586	1/2	4.27	21.85
3003	1/2	3.63	25.48
3480	1/2	4.15	29.63
3946	2-1/4	18.31	47.94
4100	1/2	1.34	49.28
4600	1	8.75	58.03
4924	3/4	4.24	62.27
5120	3/4	2.57	64.84
5447	1	5.72	70.56
5947	1	8.75	79.31
6299	1-1/4	7.67	86.98
6777	1-1/4	10.42	97.40
7270	1/2	4.29	101.69
7560	1/2	2.52	104.21
7768	1	3.64	107.85
8237	3/4	6.14	113.99
8456	1/2	1.91	115.90
8900	1/4	1.95	117.85
9315	1/2	3.61	121.46
9680	3/4	4.78	126.24
9880	3/4	2.62	128.86
		Total Displacement	

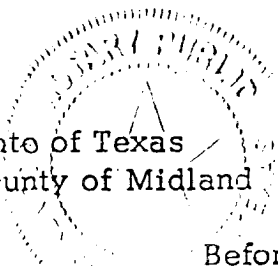
Survey was run in Open Hole Distance to the nearest lease line _____.

Certification of personal knowledge of Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Lois Mary Robison
Signature

Amini Drilling Company
Company

State of Texas)(
County of Midland)(


Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared Lois Mary Robison known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 6th DAY OF January 19 75.

My Commission Expires 6-1-75

Maureen S. Crabbe
Notary Public in and for said
County and State.