NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL **IRANSPORTER** GAS OPERATOR PRORATION OFFICE Operator Eugene E. Nearburg 3303 Lee Parkway Dallas, Texas 75219 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ Not applicable II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease State, Federal or Fee Skinner-Federal 1 Cato - San Andres Location

Lease No. NM-0142321 Federal 660 Feet From The North Line and 660 Feet From The East 8**-**S 30E , NMPM, Chaves Range Township Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | X | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Permian Corporation P. O. Box 3119 Midland, Texas Name of Authorized Transporter of Casinghead Gas ____ or Dry Gas ___ Address (Give address to which approved copy of this form is to be sent) Is gas actually connected? When If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: Not applicable IV. COMPLETION DATA Oil Well Gas Well New Well Plug Back Same Res'v. Diff, Res'v. Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 8-12-67 8-29-67 3545 3504 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 4036 RKB San Andres 3239 3278 Perforations Depth Casing Shoe 3239, 3243, 3247, 3274 3544 TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT HOLE SIZE CASING & TUBING SIZE T2‡11 8 5/811 318 250 7/8" $4\frac{1}{2}$ 11 3544 325 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, pu	Producing Method (Flow, pump, gas lift, etc.)	
8/29/67	8/29/67	Flow		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
6 hours	175	675	20/64''	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
63.29	62.79	<u>1</u>	15.1	

Actual Prod. Test-MCF/D	Length of Test
	1

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

GAS WELL

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.

Office Manager (Title)

September 1, 1967

CIL CONSERVATION COMMISSION

APPROVED

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.