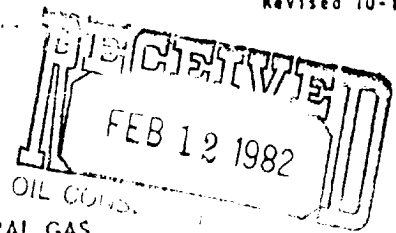


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OPERATOR	
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Operator	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



M. C. Gandy and Dale Gandy

Address

P.O. Box 827, Tatum, N.M. 88267

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)

change in name:
originally issued: Gandy Corporation

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Annie Davis	Well No. 2	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee fee	Lease No. 562762
Location Unit Letter <u>D</u> : <u>766</u> Feet From The <u>North</u> Line and <u>660</u> <u>766</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>8 South</u> Range <u>33 East</u> , NMPM, <u>Chavez</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Oil Corp.	Address (Give address to which approved copy of this form is to be sent) Box 700 Dallas, Texas 75221			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Cities Service Company	Address (Give address to which approved copy of this form is to be sent) Box 300 Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit 9	Sec. 8S	Twp. 33E	Rge. 33E
Is gas actually connected? When				

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	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

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 (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
President
(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED John A. Loe, 19

BY ORIGINAL SIGNATURE

JERRY SEXTON

TITLE DISTRICT SUPERVISOR

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 Form C-104 must be filed for each pool in multi-pool completed wells.