Supersedes Old C-104 and C-110

HO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Rayne Furry Commission Addres Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion 011 Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ Texas Crade Cil Company, Wall Towers East, Midland, Texas 79701 II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Location Lease No. State, Federal or Fee Lasy J Penn Unit Letter_ 1980 II. Feet From The_ _Line and ___**1980** Feet From The Line of Section Township 13-South Range 33-Best , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas P.O. Box 1510 18 cland. Towns.

ddress (Give address to which approved copy of this form is to be sent) or Dry Gas Warren Petrolessa gas actually connected? Oklaho Unit If well produces oil or liquids, give location of tanks. Sec. Twp. P.ge. 26 138 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 Workove Deepen Designate Type of Completion - (X) Plug Back Same Res'v. Diff. Res'v. Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gds Pay Tubing Depth Perforations Depth Casing Sho 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) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift; etc.) Length of Test Tubing Pressure Casing Pressure Actual Ried, During Test Oil - Bbls. Water - Bbls.

V. TEST DATA AND REQUEST FOR ALLOWABLE 基础

GAS WELL

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

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 helief

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November 1, 1971

(Date)

| | OIL CONSE | RVA | TION | COMMIS | SIÓN |
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DISTRICT

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.

RECEIVED

MCY 20 1971 OIL CONSERVATION COMM. HOBBS, N. M.