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Supersedes Old C-104 and C-110

EW MEXICO OIL CONSERVATION COMMISSI Form C -104 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS SKALTON OIL COMPANY 2.0. BOX 840 -HOBBS, NEW TOXICO 88240 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: RE-ENTRY OF OLD GIL WELL. Oil Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_\_ THIS WELL HAS BEEN PLACED IN THE POOL LOW: IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Vell No KENDRICK 3 CLADIOL .. - WOLFCAMP State, Federal or Fee Fee Location Lyou Feet From The NUXTH Line and 1980 Feet From The Unit Letter , NMPM. Township 12-S Range 38-2 County Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate 815 ONL HAIR I LACE -Address (Give address to which approved copy of this form is to be see Time KOCH UIL COMMANY Name of Authorized Transporter of Casinghead Gas or Dry Gas P.O. BOX 1589 - TULSA, UKLAHOMA WARREN PETROLECT, COMPANY Is gas actually connected? Unit Twp. P.ge. 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: IV. COMPLETION DATA Same Resty. Drift Resty. Gas Well New Well Workover Deepen Plug Back Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. 11-21-7 9616.31 Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Name of Producing Formation Top Oil/Gas Pay 9508 387952 vCLrCaMI Depth Casing Shoe Perforations 10 HOLES 9455' TO 9460' - 6 HOLES 9473' TO 9476'. 9508\* TUBING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT CASING & TUBING SIZE HOLE SIZE 575 17 <u>13 3/3</u> 8 5/8 2050 7/8 5 i/22 7/8 1200 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allocable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test 12-12-75 -24-75 Casing Preseure Choke Size Tubing Pressure Length of Test 24 HRS. Water - Bbis. Gga - MCF Olla Bhis. Actual Prod. During Test <u>67000</u> 233 140 GAS WELL Gravity of Condensate Length of Test Bbls. Condensate/MMCF Actual Pred, Test-MCF/D Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. BY. TITLE ليمون أند وفيد This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a nawly deilled or despensed

> 76 (Date)

well, this form must be accompanied by a tabulation of the divisition 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.