STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT m. & tance sections OIL CONSERVATION DIVISION BHIS BUT ION P. O. BOX 2055 ----SANTA FE, NEW MEXICO 87501 PILE 4444 LAND DIFICE BIL REQUEST FOR ALLOWABLE TEAMSPORTER -AND PERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION SPFICE MARSHALL PIPE & SUPPLY COMPANY 13423 Forestway Dr., Dallas, Texas 75240 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well X Dry Ges 011 Recompletion Conde Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. | Pool Name, Including Formation State, Federal or Fee TULE-PENN SPEIGHT Location Feet From The South Line and 1280 1400

2 South

Township

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

* DOMINION GAS, Dominion Gas Ventures,

27 | T25 | R29E yes If this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. DIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED been complied with and that the information given is true and complete to the best of Eddie W. Seav Oil & Gas Inspector This form is to be filed in compliance with RULE 1104.

Roosevelt

Address (Give address to which approved copy of this form is to be sent)

address to which approved copy of this

Inc., Grand Prairie, Texas

Kenridg

6-2-88

29 East

is gas octually connected?

- C-104

4 10-01-78

Lease No

7x 76024

Fee

East

If this is a request for allowable for a newly drilled or desper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. Marshalf.

or Dry Ges

Rige.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections L. H. III, and VI for changes of own well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be flied for each pool in multi pleted wells.

Marchall

22

Name of Authorized Transporter of Casinghead Gas

Name of Authorized Transporter of Oil

VI. CERTIFICATE OF COMPLIANCE

If well produces oil or liquids,

give location of tanks.

my knowledge and belief.

Unit Letter

Line of Section

Operator (Tule)

214-239-7284 10-17-88 (Date)

-* Name change from Citigas to Dominion Gas, and change of

Address.

		Oil Well	Gas Well	New Well	T W	1			
Designate Type of Complet	ion - (X)		1	i i	Workover	Deepen	Plug Back	Same Restv.	Diff. P
Date Spudded	Date Compl. Ready to Prod.		rod.	Total Depth			P.B.T.D. Tubing Depth		
Elevations (DF, RKB, RT, GK, etc.,	Name of Producing Formation			Top Otl/Ga	s Pay				
erforations				<u> </u>			Depth Casin	g Shoe	
		TUBING,	CASING, AN	D CEMENTI	KG RECORD				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
				 		 ;			-
									
	1			 	•		+	·	
TEST DATA AND REQUEST	FOR ALLO	WABLE (7	est must be a ble for this de	fter recovery o	f total valume	of load oil	and must be eq	val to or exce	ed top c
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLO		est must be a ble for this de	THE OF BE JOY J	f total valume			ual to or exce	ed top c
OIL WELL			est must be a ble for this de	THE OF BE JOY J	of socal volume uli 24 hours) ethod (Flow, p			ual to or exce	ed top c
Date First New Oil Run To Tanks	Date of Tea		est must be a ble for this de	Producing M	of total volume uli 24 hours) ethod (Flow, p		(t, esc.)	ual to or exce	ed top c
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