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| DISTRIBUTION | | | |
| SANTA FE | NEW MEXICO OIL CONSERVATION CON ISSION Form C-104 NTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and I | | |
| FILE | | AND | G. C. Effective 1-1-65 |
| U.S.G.S. | AUTHORIZATION TO TR | AND ANSPORT OIL AND NATURAL | GAS |
| LAND OFFICE | 4 | 1100 | C3, M |
| IRANSPORTER GAS | | MAR 1 8 5 | 1 1 |
| I. PRORATION OFFICE | | | |
| Standard 013 | L Co. of Texas, a d | iv. of California O | 11 Company |
| Address 3610 Avenue | S Saudon More | s 79 749 | |
| 3610 Avenue Reason(s) for filing (Check proper box) | | Other (Please explain) | |
| New Well | Change in Transporter of: | | |
| Recompletion | Oil Dry G | Teonard Nich | |
| Change in Ownership | Casinghead Gas Conde | | |
| If change of ownership give name | Τ | | |
| and address of previous owner | Leonard Nichols, | ox 123, Maljam | ar, N. M. |
| II. DESCRIPTION OF WELL AND | LEASE | | |
| | | ame, Including Formation | Kind of Lease |
| Iles te Be | ttery 3 | laljamar (G-SA) | State, Federal or Fee |
| Unit Letter P ; 330 | Feet From The North | ne and Feet From | West Cart |
| | | ne una Feet From | The |
| Line of Section 3 , Tow | mship 17 Š Range | 32 E , NMPM, Lea | County |
| | | | |
| II. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil | | AS Address (Give address to which appr | oved copy of this form is to be sent) |
| Texas-New Mexico F | Pipeline Co. | Midland, Texas | |
| Name of Authorized Transporter of Cas | | Address (Give address to which appr | |
| Phillips Petroleum Bartlesville, Ok | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. H 10 17 32 | Is gas actually connected? W Yes | hen |
| | | | |
| If this production is commingled wit V. COMPLETION DATA | h that from any other lease or pool, | give commingling order number: | |
| Designate Type of Completio | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res' |
| | | | , , , , , , , , , , , , , , , , , , , |
| Date Spudded | Date Compl. Ready to Frod. | Total Depth | P.B.T.D. |
| Fool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | | | |
| Perforations | | | Depth Casing Shoe |
| | | | |
| HOLESIZE | CASING & TUBING SIZE | D CEMENTING RECORD | SACKS CEMENT |
| | | | SACKS CEMENT |
| | | | |
| | | | |
| | | | |
| V. TEST DATA AND REQUEST FC OIL WELL | | lfter recovery of total volume of load oil epth or be for full 24 hours) | l and must be equal to or exceed top allor |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas l | ift, etc.) |
| | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| | | | |
| | | | |
| GAS WELL | ttime | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| 1. CERTIFICATE OF COMPLIANC | E | OIL CONSERV | ATION COMMISSION |
| | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | APPROVED | , 19 |
| above is true and complete to the | | BY | |
| | | TITLE | |
| | | | |
| | L. C. Helm | | compliance with RULE 1104. wable for a newly drilled or deepened |
| (Signat | cure) | well, this form must be accompa | anied by a tabulation of the deviation |
| Production Fore | | tests taken on the well in acco All sections of this form mu | rdance with RULE 111. ist be filled out completely for allow |
| (Titl February 26, 19 | | able on new and recompleted w | ells. |
| (Dat | | | , and VI only for changes of owner ter, or other such change of condition |

Fill out Sections I, II, III, and VI only 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.