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| OIL | | |
| GAS | _ | |
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| ICE | | |
| | OIL GAS | OIL GAS |

NEW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

| ILE | | R ALLOWABLE | Effective 1-1-65 |
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| · | A | AND | A.C. |
| .s.g.s. | AUTHORIZATION TO TRANS | SPORT OIL AND NATURAL G | AS |
| AND OFFICE | | | |
| OIL | | | |
| ANSPORTER GAS | | | |
| PERATOR | | | |
| PORATION OFFICE | | and the second s | |
| rator | r | · · | |
| Stallworth Oil | | | |
| dress | ouri Avenue, Midland | . Texas 79701 | |
| reson(s) for filing (Check proper box) | MIT AVOIDED | Other Francisco | |
| ew Well | Change in Transporter of: | | |
| completion | Oil Div 315 | | |
| ange in Ownership | Casinghead Gas Condense | | |
| | Ryder Scott Manager 922 - 8th Street, | ment co. Wichita Falls Tex | as 76301 |
| change of ownership give name d address of previous owner | 922 - 8th Street, | Wichita Laria, | |
| | | | ease No. |
| ESCRIPTION OF WELL AND LE | EASE [Wall No. Por! Name, Including Sci. | elation Visit Diversi | " Federal |
| ease Name | E Maliamar Gray | burg S.A. See, Couer | LC 0 294061 |
| Mitchell | | | |
| ocation c 221 | O Feet From The N Line | and 330 | The W |
| Unit Letter E : 2310 | J Feet From The | | ton County |
| Line of Section 5 Town | ship 17 Range | 32 | Lea County |
| Cilie of Section | | | |
| TRANSPORTI | er Condensate | Autress (Give address to which appr | oved copy (c) term is to be sent) |
| Jame of Authorized Transporter of Off | ا ا | 1 | |
| Ini | ection Well | Starge Give address to which app | roved copy (the firm is so be sent) |
| Name of Authorized Transporter of Cast | nghead Gas or Dry Gas | Addition | |
| | | Is gus detudily the sereit | Vhen |
| If well produces oil or liquids, | Unit Sec. Twp. Pige. | is qua detain. | |
| | | | |
| give location of tanks. If this production is commingled with | n that from any other lease or pool, | give comminging and mander | Dut Bac |
| COMPLETION DATA | Or Well Gas Well | New Well Work ve Deepen | Plus Per se sesty. Diff. Res |
| Designate Type of Completio | n = (X) | | |
| | Date Compl. Ready to Prod. | Total Depth | P.B.". |
| Date Spudded | 1 | | Tubics Costs |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top 15/Gas Pay | |
| Elevations (Dr., ARD, Rr., SR, Stev) | | <u> </u> | The same of the sa |
| | | | Depth The hy shoe |
| n (et) 0 0 0 | | | Depth Chaing shoe |
| Perforations | | THE DECORD | |
| Perforations | | D CEMENTING RECORD | |
| | TUBING, CASING, AN | DEPTH SE! | ACKS CEMENT |
| Perforations HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | ACKS CEMENT |
| | CASING & TUBING SIZE | DEPTH SE! | ACKS CEMENT |
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| HOLE SIZE | CASING & TUBING SIZE | after recovery of total volume or load | Coll and must be equal to or exceed top a |
| TEST DATA AND REQUEST F | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this of | DEPTH SET | Coll and must be equal to or exceed top a |
| HOLE SIZE | CASING & TUBING SIZE | after recovery of total volume or load | CACKS CEMENT Call and must be equal to or exceed top a as lift, etc.) |
| TEST DATA AND REQUEST FOIL WELL Date Fire: New Cil Run To Tanks | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this a | after recovery of total volume or load | Coll and must be equal to or exceed top a |
| HOLE SIZE TEST DATA AND REQUEST FOR WELL | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this of | after recovery of total volume or load depth or be for ful 24 hours. Producing Method (Flow, pump, 8) | acks CEMENT I all and must be equal to or exceed top a as lift, etc.) Chake Size |
| TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this a Date of Test Tubing Pressure | after recovery of total volume or load depth or be for ful 24 hours. Producing Method (Flow, pump, 8) | TACKS CEMENT Tall and must be equal to or exceed top a as lift, etc.) |
| TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this a | after recovery of total volume or load depth or be for full 24 hours Producing Method (Flow, pump, & Casing Pressure) | as lift, etc.) |
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| TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this a Date of Test Tubing Pressure | after recovery of total volume or load depth or be for ful 24 hours. Producing Method (Flow, pump, & Casing Pressure) Water-Bbis. | Choke Size Gas - WCF |
| TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this a Date of Test Tubing Pressure Oil-Bbls. | after recovery of total volume or load depth or be for full 24 hours Producing Method (Flow, pump, & Casing Pressure) | cil and must be equal to or exceed top a slift, etc.) |
| TEST DATA AND REQUEST FOIL WELL Date Fire: New Cil Run To Tanke Length of Teet Actual Prod. During Teet | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this a Date of Test Tubing Pressure | after recovery of total volume or load depth or be for full 24 hours Producing Method (Flow, pump, & Casing Pressure) Water-Bbis. Bbis. Condensate MANUE | Choke Size Gravity of Condensate |
| TEST DATA AND REQUEST FOIL WELL Date Fire: New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this of Date of Test Tubing Pressure Oil-Bbls. | after recovery of total volume or load depth or be for ful 24 hours. Producing Method (Flow, pump, & Casing Pressure) Water-Bbis. | Choke Size Gravity of Condensate |
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| TEST DATA AND REQUEST FOIL WELL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this of Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-is) | after recovery of total volume or load depth or be for full 24 hours Producing Method Flow, pump, & Casing Pressure Water-Bbis. Bbis. Condensate MMOF Casing Pressure (Shut-in) | Choke Size Gravity of Condensate Choke Size Choke Size |
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| HOLE SIZE TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) | CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this of Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-is) | after recovery of total volume or load depth or be for full 24 hours Producing Method Flow, pump, and Casing Pressure Water-Bbis. Bbis. Condensate MANCE Casing Pressure (Shut-is) | Choke Size Gravity of Condensate Choke Size Choke Size |

STALLWARTH OIL & GAS Engineer

(Title)

(Date)

June 1, 1970

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen 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 alle able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own tell name or number, or transporter or other such change of condition Separate Forms C-104 must be filed for each pool in multiple completed wells.

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