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NEW MEXICO OIL CONSERVATION COMMISS. 4
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | |
|--|---|
| Operator Leonard Nichols | |
| Address 1101 Mercantile Securities Bldg., Dallas, Texas 75201 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) Change in operator only effective 1/1/65 Former operator Wm. B. Nichols | |

If change of ownership give name and address of previous owner

| | | | |
|--|----------------------|---|--|
| Lease Name Phillips State | Well No. 2 | Pool Name, including Formation Maljamar | Kind of Lease State, Federal or Free State |
| Location Unit Letter D ; Feet From The Line and Feet From The | | | |
| Line of Section 16 , Township 17S Range 33E , NMPM, Lea County | | | |

| | | | |
|---|------------------|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company | | Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | | Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 16 | Twp. 17S |
| | | Rge. 33E | Is gas actually connected? Yes When |

If this production is commingled with that from any other lease or pool, give commingling order number:

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-------------------|----------|--------------|----------|--------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | | |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | | | |
| Perforations | | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | | | |
|---------------------------------|--|-----------------|--|-----------------|--|---|--|--|--|
| Date First New Oil Run To Tanks | | | | Date of Test | | Producing Method (Flow, pump, gas lift, etc.) | | | |
| Length of Test | | Tubing Pressure | | Casing Pressure | | Choke Size | | | |
| Actual Prod. During Test | | Oil - Bbls. | | Water - Bbls. | | Gas - MCF | | | |

| | | | | | | | |
|----------------------------------|--|-----------------|--|-----------------------|--|-----------------------|--|
| 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 | |

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.

(Signature)

Agent (Title)

1-22-65 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **Joe L. Ames**

TITLE _____

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 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.