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NEW MEXICO OIL CONSERVATION COMMISSION
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 Polaris Production Corp.	
Address P. O. Box 1703, Midland, Texas 79701	
Source for filling (check proper box) We Other (Please explain)	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Operator
Ownership give name Address of previous owner Shell Oil Company, P. O. Box 1509, Midland, Texas 79701	

SECTION OF WELL AND LEASE

Lease Name Buckley "A"	Well No. 4	Pool Name, including Formation Denton Devonian	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Latitude <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Range <u>25</u> Township <u>14</u> South Range <u>37</u> East, NMPM, Lea County				

SECTION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Address (Give address to which approved copy of this form is to be sent) P. O. Box 1725, Midland, Texas 79701	Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Address (Give address to which approved copy of this form is to be sent) 229 Western United Life Bldg., Midland, Tx.				
Unit M	Sec. 25	Twp. 14	Rge. 37	Is gas actually connected? Yes	When Unknown

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.B., RT, GR, etc.)	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

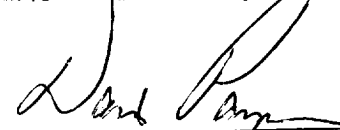
V. TEST AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (attach back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. STATEMENT OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
President
12-3-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 1104.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for change of ownership, 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.