

Submit 5 Copies
Appropriate LAMAR Office
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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See instructions
at bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Cody Energy, Inc.	Well AP# No. 30-025-05316
Address 16825 Northchase Dr., Suite 1200, Houston, TX 77060-6080	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Completed Gas ☐ Condensate ☐
Change in Operator ☒	
If change of operator give name and address of previous operator Williams-Cody, Inc. (same as above)	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pat H. McClure "A"	Well No. 2	Pool Name, including Formation Denton (Wolfcamp)	Kind of Lease State, Federal or Fee State	Lease No. 1100
Location Unit Letter G : 1750 Feet From The North Line and 2310 Feet From The East Line Section 14 Township 15-S Range 37-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3092 - Houston, TX 77210					
Name of Authorized Transporter of Completed Gas ☒ or Dry Gas ☐ J.L. Davis	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3179 - Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 14	Twp. 15-S	Rge. 37-E	Is gas actually connected? Yes	When? 05-01-70
If this 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 (DF, RKB, 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			

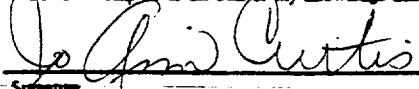
V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed test allowable for this depth or be for full 24 hours.)

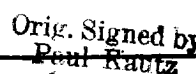
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls	Water - Bbls	Gas - MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (SMA-in)	Casing Pressure (SMA-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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


Signature
Ann Curtis, Supervisor-Prod./Regulatory
Printed Name
06-14-93 (713)875-8701
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 30 1993
By 
Orig. Signed by
Paul Rautz
Geologist
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.