

|                        |     |  |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED |     |  |
| DISTRIBUTION           |     |  |
| SANTA FE               |     |  |
| FILE                   |     |  |
| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

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-11  
Effective 1-1-65

I. Operator  
**Natomas North America, Inc.**  
Address  
**1 West Third Street, Suite 900 - Tulsa, Oklahoma 74103**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change in ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |                      |  |   |                           |
|--|----------------------|--|---|---------------------------|
| Lease Name<br><b>Maljamar N. Unit</b>  | Well No.<br><b>1</b> | Pool Name, including Formation<br><b>West Kemnitz-Lower Wolfcamp</b> | Kind of Lease<br>State, Federal or Fee <b>State</b> | Lease No.<br><b>G5489</b> |
| Location<br>Unit Letter <b>G</b> ; <b>1980</b> Feet From The <b>East</b> Line and <b>1980</b> Feet From The <b>North</b><br>Line of Section <b>31</b> Township <b>16S</b> Range <b>33E</b> , NMPM, <b>Lea</b> County |                      |  |   |                           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |                   |                    |                    |   |      |
|---|---|-------------------|--------------------|--------------------|---|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Charter Crude Oil Company</b>  | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 5008, Houston, Texas 77012</b>    |                   |                    |                    |   |      |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Phillips Petroleum</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Phillips Bldg., Bartlesville, Oklahoma</b> |                   |                    |                    |   |      |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br><b>G</b>  | Sec.<br><b>31</b> | Twp.<br><b>16S</b> | Rge.<br><b>33E</b> | Is gas actually connected? <input type="checkbox"/> | When |

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 (OF, 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 top allowable for this depth or be for full 24 hours)

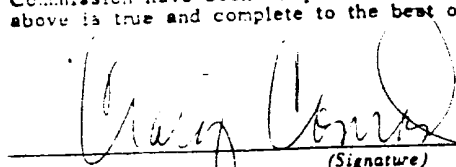
|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | 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/MMCF     | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

VI. CERTIFICATE OF COMPLIANCE

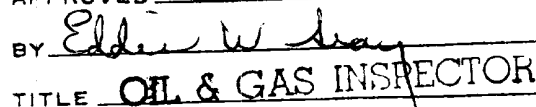
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)

Operation Administrator 11-05-82  
(Title)

OIL CONSERVATION COMMISSION

APPROVED NOV 15 1982

BY   
TITLE OIL & GAS INSPECTOR

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 allow

100



**LTR**



**Job separation sheet**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                   |     |
|-------------------|-----|
| IS BY APPLICANT   |     |
| DISTRIBUTION      |     |
| STAFF             |     |
| FILE              |     |
| S.O.S.            |     |
| AND OFFICE        |     |
| TRANSPORTER       | OIL |
| PERATOR           | GAS |
| PRODUCTION OFFICE |     |
| Operator          |     |

Natomas North America *Inc.*Address  
5251 Westheimer, #700 Houston, Texas 77056

Reason(s) for filing (Check proper box)

|                     |                          |                            |                                     |
|---------------------|--------------------------|----------------------------|-------------------------------------|
| New Well            | <input type="checkbox"/> | Change in Transporter oil: |                                     |
| Recompletion        | <input type="checkbox"/> | Oil                        | <input checked="" type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas             | <input type="checkbox"/>            |
|                     |                          | Dry Gas                    | <input type="checkbox"/>            |
|                     |                          | Condensate                 | <input type="checkbox"/>            |

Other (Please explain)

If change of ownership give name  
and address of previous owner.

## DESCRIPTION OF WELL AND LEASE

|                     |          |   |                             |                       |
|---------------------|----------|---|-----------------------------|-----------------------|
| Lease Name          | Well No. | Pool Name, including Formation                              | Kind of Lease               | Lease No.             |
| Maljamar North Unit | 1        | West Kemitz - Lower Wolfcamp                                | State, Federal or Fee State | G5489                 |
| Location            |          |   |                             |                       |
| Unit Letter         | G        | : 1980 Feet From The East Line and 1980 Feet From The North |                             |                       |
| Line of Section     | 31       | Township  | 16S                         | Range                 |
|                     |          |   |                             | 33E, NMPM, Lea County |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |      |
|--|--|------|
| Name of 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) |      |
| Western Crude Oil Co.  | P. O. 1142 Midland Texas 79702   |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |      |
| Phillips Petroleum Co.   |  |      |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec. |
|  | G  | 31   |
|  |  | Twp. |
|  |  | 16S  |
|  |  | Rge. |
|  |  | 33E  |
| Is gas actually connected?   | When   |      |

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

## 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, CR, 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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 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.) |            |
| 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/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

## 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 complete to the best of my knowledge and belief.

Bob Menefee Administrative Coordinator

June 30, 1981

## OIL CONSERVATION DIVISION

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 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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





**LTR**



**Job separation sheet**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



|                        |     |  |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED |     |  |
| DISTRIBUTION           |     |  |
| SANTA FE               |     |  |
| FILE                   |     |  |
| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRODUCTION OFFICE      |     |  |

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-11  
Effective 1-1-65

I. Operator  
NATOMAS NORTH AMERICA, INC.  
Address  
1000 First Place, Tulsa, Oklahoma 74103  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                     |
|--|---------------|---|--|---------------------|
| Lease Name<br>Maljamar North Unit  | Well No.<br>1 | Pool Name, Including Formation<br>West Kemnitz-Lower Wolfcamp | Kind of Lease<br>State, Federal or Fee | Lease No.<br>G-5489 |
| Location<br>Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>North</u><br>Line of Section <u>31</u> Township <u>16S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County |               |   |  |                     |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Southern Union Refining Company | Address (Give address to which approved copy of this form is to be sent)<br>4201 Wingren, Irving, Texas 75062            |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips Pet. Co.                  | Address (Give address to which approved copy of this form is to be sent)   |
| If well produces oil or liquids,<br>give location of tanks.   | Unit <u>G</u> Sec. <u>31</u> Twp. <u>16S</u> Rge. <u>33E</u><br>Is gas actually connected? <input type="checkbox"/> When |

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 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.) |            |
| 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/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. CERTIFICATE OF COMPLIANCE

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.

Gary Snowden  
Gary Snowden (Signature)  
Administrative Coordinator (Title)  
October 27, 1980 (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 deviated 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

NOV. 3 1980

OIL CONSERVATION