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| | SANTA FE | | | | | |
| | FILE | | | | | |
| | U.S.G.S. | | | | | |
| | LAND OFFICE | | | | | |
| I. | TRANSPORTER | OIL | L | | | |
| | | GAS | | | | |
| | OPERATOR | | | | | |
| | PRORATION OFFICE | | | | | |
| | Standard 011 | | | | | |
| | Digituaru Oll | | | | | |
| | Address | Λ Λ- | | | | |
| | 3610 Ave. S, | | | | | |
| | Reason(s) for filing (Check proper box | | | | | |
| | New Well | | | | | |
| | | == | | | | |
| | Recompletion | | | | | |
| | Recompletion Change in Ownershi | , X | | | | |

NEW MEXICO OIL CONSERVATION COMMISSION

| | Reason(s) for filing (Check proper box) Hew Well Hecompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I | REQUEST F AUTHORIZATION TO TRAN Company of Texas, a Snyder, Texas 79* Change in Trans; orter of: Oil Dry Gas Casinghead Gas Condens Leonard Nichols, D | Other (Please explain) Former owne Leonard Nic | Oil Company r & operator hols | |
|--------------|--|---|---|---|--|
| | Phillips State | Well No. Foot Nam | ljamar (G-SA) | State, Federal or Fee State | |
| | Location L 231 | O Feet From The South Line | 330 Feet From T | West | |
| | | | 32 , NMPM, Lea | County | |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GAS or Condensate | Address (Give address to which approv | ed copy of this form is to be sent) | |
| | Texas-New Mexico P | tpeline Co. | Midland, Pexas Address (Give address to which approv | ed copy of this form is to be sent) | |
| | Phillips Petroleum | | Bdessa, Texas Is gas actually connected? Whe | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | No No | | |
| | If this production is commingled wit COMPLETION DATA Designate Type of Completic Date Spudded | on - (X) Gas Well Gas Well Date Compl. Ready to Prod. | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. P.B.T.D. | |
| | Fool | Name of Producing Pormation | Top Oil/Gas Pay | Tubing Depth | |
| | | | | Depth Casing Shoe | |
| Perforations | | | | | |
| | HOLE SIZE | TUBING, CASING, AND CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | | |
| | | OD ALLOWADIE //E | fter recovery of total volume of load oil | and must be equal to or exceed top allow- | |
| V. | OIL WELL | Date of Test | epth or be for full 24 hours) Producing Method (Flow, pump, gas li | | |
| | Date First New Oil Run To Tanks | | | Choke Size | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| | Actual Prod. During Test | Cil-Bols. | 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 | |
| VI | . CERTIFICATE OF COMPLIAN | CE | OIL CONSERVA | TION COMMISSION | |
| | d ': town boom complied | regulations of the Oil Conservation with and that the information given e best of my knowledge and belief. | | , 19 | |
| | above to true and complete to th | | TITLE | | |

L. C. Helm

(Signature)

Production Foreman

(Title)

26, 1965 (Date) February

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.