

|                  |     |  |
|------------------|-----|--|
| DISTRIBUTION     |     |  |
| STATE            |     |  |
| FEDERAL          |     |  |
| U.S.             |     |  |
| D 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-110  
Effective 1-1-65

I. Operator **Target Production Company**  
Address **P.O. Box 922, Lovington, New Mexico 88260**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Other (Please explain) \_\_\_\_\_  
If change of ownership give name and address of previous owner **H. R. Denius et al, Box 565 Artesia, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

|   |                      |  |  |                           |
|---|----------------------|--|--|---------------------------|
| Lease Name<br><b>Wyatt-Phillips</b>   | Well No.<br><b>6</b> | Pool Name, including Location<br><b>Corbin Queen</b> | Kind of Lease<br>State, Federal or Free <b>Federal</b> | Lease No.<br><b>11801</b> |
| Location<br>Unit Letter <b>D</b> <b>2310</b> Feet From The <b>North</b> <b>330</b> Feet From The <b>West</b> Line<br>Line of Section <b>34</b> Township <b>17N</b> Range <b>R-33E</b> , NMPM, <b>lea</b> County |                      |  |  |                           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| 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) |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge. Is it actually connected? When                       |

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

IV. COMPLETION DATA

|                                      |                             |            |            |              |              |                   |             |              |
|--------------------------------------|-----------------------------|------------|------------|--------------|--------------|-------------------|-------------|--------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well   | Water Well | Workover     | Deepen       | Plug Back         | Same Restv. | Diff. Restv. |
| Date Spudded                         | Date Compl. Ready to Prod.  | In Depth   |            | P.B.T.D.     |              |                   |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation | In Gas Pay |            | Taking 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 well for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Flowing 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            | Boil. 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.

Secretary

April 26, 1974

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

By \_\_\_\_\_ Orig. Signed 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 allowables 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.