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| DISTRIBUTION | REQUEST | NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 | |
| FILE U.S.G.S. LAND OFFICE | AUTHORIZATION TO TR | AND ANSPORT OIL AND NATURAL | - Gras (11-65) |
| TRANSPORTER GAS | | | 20 mi 00 |
| OPERATOR PROBATION OFFICE | | | |
| en <u>en area</u> | | | |
| OCCCINCOTIL_OTL_C(Arare | DAPANY, INC. | | |
| | bs, New Mexico 88240 | | |
| Kessenis) for filing (Check prop New Wall | Change in Transporter of: | due to Unitizat | Change Name & Well No. |
| Seconfliction | Cil Ery G Casinghead Gas Conde | 15 | |
| If change of ownership give n | | UId Name: Fede | eral "T" Well No. 12 |
| and address of previous owne | | | |
| A. DOMONICATION OF WELL | | ime, Including Formation | Kind of Lease |
| E. M. Queen Unit Tr | | . Yates Seven Rivers | State, Federal or Fee Federal |
| | 1650 Feet From The North Lin | ne and 1549 Feet Fro | mere West |
| | • | ~ / ~ ~ _ | |
| Line of Section 19 | , Township 18-S Range | <u> 54-Е , юмем, Lea</u> | County |
| II. 1 CONATION OF TRANS Unne of Authorized Transporter | CONTER OF OIL AND NATURAL GA | | proved copy of this form is to be sent) |
| . Toxas-New Moxico Pi | | P. 0. Box 1510, Midla | |
| . Long of Anthorized Transporter | of Casingnead Gas 📄 👘 or Dry Gas 🔄 | Address (Give address to which app | proved copy of this form is to be sent) |
| Millips Petroleum | Unit Sec. Twp. Rge. | P. O. Box 2130, Hobbs | When |
| If well produces oil or lightis, give location of tanks. | D 19 18-S 34-E | yes | |
| | ed with that from any other lease or pool, | give commingling order number: | |
| W. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. |
| Designate Type of Com Date Courses | Date Compl. Ready to Prod. | Total Depth | |
| | | | |
| 1.001 | Name of Producing Formation | : Top Oil/Gas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe • |
| · · · · · · · · · · · · · · · · · · · | TUBING CASING AN | D CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| V. TEST DATA AND REQUE | ST FOR ALLOWARDE (Test must be a | i | il and must be equal to or exceed top allow- |
| GL. WELL Joint First New Cilling To Tan | able for this de | Producing Method (Flow, pump, gas | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| · Actual Broat During Test | Oli-Bbis. | Water-Bbls. | Gas-MCF |
| | | | |
| Sec. 1. Sec. 1 | · | | |
| Artual Press (Pest-MCF/C) | Length of Test | bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method ()itot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |
| V. CRITIFICATE OF COMP | LIANCE | OIL CONSERV | ATION COMMISSION |
| | | Contraction of the second s | × |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given | | APPROVED, 19 | |
| above is true and complete | to the best of my knowledge and belief. | | |
| | | TITLE | |
| E. L. Kennow | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | |
| | Kignuture) | | panied by a tabulation of the deviation |
| <u> </u> | Supervisor (Tule) | | nust be filled out completely for allow- |

| December 29 | , 1965 |
|-----------------|--------|
| (Date) | |

able 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.