

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.
Effective 1-1-65

| Reason(s) for filing (Check proper box) | | Other (Please explain) | |
|---|-------------------------------------|---------------------------|--|
| New Well | <input type="checkbox"/> | Formerly: | |
| Recompletion | <input type="checkbox"/> | Change in Transporter of: | |
| Change in Ownership | <input checked="" type="checkbox"/> | Oil | <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| | | Casinghead Gas | <input type="checkbox"/> Condensate <input type="checkbox"/> |
| | | State B # | |

If change of ownership give name and address of previous owner Amerada Hess Corporation P.O. Box 2040 Tulsa, OK 74102

| DESCRIPTION OF WELL AND LEASE | | | | |
|-------------------------------|---------------|--------------------------------|------------------------------|---------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| N.Hobbs(G/SA)Unit Sec. 29 | 221 | G/SA | State, XXXXXXXXXX | |
| Location | | | | |
| Unit Letter | Feet From The | | Line and | Feet From The |
| 'F | 2310 | | North | 1650 West |
| Line of Section | Township | Range | Count | |
| 29 | 18S | 38E | Lea | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|-----------|------|------|------|--|------|
| DESIGNATION OF TRANSPORTER OF OIL AND LIQUIDS | | | | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | | | | | | |
| Arco Pipeline | | | | | P. O. Box 1190, Midland, TX 79702 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | | | | | Address (Give address to which approved copy of this form is to be sent) | |
| Phillips Pipeline | | | | | 4001 Penbrook, Odessa, TX 79762 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | NO CHANGE | | | | Yes | N/A |

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

COMPLETION DATA

| COMPLETION DATA | | | | | | | | | |
|------------------------------------|-----------------------------|----------|----------|-----------------|----------|--------|-------------------|------------|----------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Some Rest. | Diff. R. |
| 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

| TUBING, CASING, AND CEMENT | | | |
|----------------------------|----------------------|-----------|--------------|
| 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
able for this depth or be for full 24 hours)

| OIL WELL | | | |
|---------------------------------|-----------------|---|------------|
| 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

| GAS WELL | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. J. Fore
(Signature)
A. J. FORE SENIOR ENGINEERING TECHNICIAN
(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

APPROVED _____
BY _____
TITLE _____

Orig. Signed by
Jerry Sexton
Dist. 1. Supv.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or d
well, this form must be accompanied by a tabulation of the d
tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of c