

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes OIL C-104 and C-110 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRODUCTION OFFICE					
Operator					
Llano, Inc.					
Address					
P.O. Box 1320, Hobbs, New Mexico 88240					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well ☐				Change in Transporter of:	
Recompletion ☐				Oil ☐	
Change in ☒ Operator				Dry Gas ☐	
				Casinghead Gas ☐	
				Condensate ☐	
				Effective 2-19-76	
If change of ownership give name and address of previous owner					
Tenneco Oil Co., 1200 Lincoln Tower Bldg., Denver, Colorado 80203					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, including Formation	
Continental A Federal		1		Undesignated	
Kind of Lease		State, Federal or Fee		Federal	
Lease No.		SW-232			
Location					
Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>					
Line of Section <u>6</u> Township <u>19S</u> Range <u>32E</u> , NMPM, <u>Lea</u> County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil ☒ or Condensate ☐			Address (Give address to which approved copy of this form is to be sent)		
Texas-New Mexico Pipe Line Company			Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐			Address (Give address to which approved copy of this form is to be sent)		
None					
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.
		G	6	19S	32E
		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
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
				P.B.T.D.	
Elevations (D.R., 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	
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					
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.					
OIL CONSERVATION COMMISSION					
APPROVED <u>19</u>					
BY <u>Jerry Peyton</u>					
TITLE <u>Assistant Commissioner</u>					
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 deepened 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.					
Executive Vice President					
February 20, 1976					
(Date)					