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| LAND 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
Rotary Oil and Gas Company

Address
1200 Vaughn Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
NAME CHANGE
ATLANTIC P.L. CO.
TO
ARCO P.L. CO.
EFF. 1-1-71

If change of ownership give name and address of previous owner
Richard L. Westlake, 6th Floor Vaughn Bldg., Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|---------------|--|--|-----|-----------|
| Lease Name H. D. McKinley | Well No. 9 | Pool Name, including Formation Undesignated-Lea Co. | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location Unit Letter F, 2359.5 Feet From The N Line and 2392.5 Feet From The W Line of Section 30 Township 18-S Range 38-E, NMPM, Lea County | | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Atlantic Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1190, Midland, Texas 79701 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | 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 C Sec. 30 Twp. 18-S Rge. 38-E | Is gas actually connected? When no |

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

IV. COMPLETION DATA

| | | | | | | | | | |
|---|---|------------------------|------------------|---------------------|-----------------------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | X | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 6-29-67 | Date Compl. Ready to Prod. 6-29-67 | Total Depth 37' | | P.B.T.D. none | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) - | Name of Producing Formation Ogallala | Top Oil/Gas Pay 29' | | Tubing Depth 30' | | | | | |
| Perforations None | Depth Casing Shoe | | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE 6-3/4" | CASING & TUBING SIZE 5-1/2" | | DEPTH SET 10' | | SACKS CEMENT 1 yd. | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 7-15-67 | Date of Test 7-16-67 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs. | Tubing Pressure 0 | Casing Pressure 0 | Choke Size None |
| Actual Prod. During Test 7 | Oil - Bbls. 6 | Water - Bbls. 1 | Gas - MCF None |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. 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.

ROTARY OIL AND GAS COMPANY

BY: Richard L. Westlake

Managing Partner

January 14, 1970

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change 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.