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| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRODUCTION 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-1  
Effective 1-1-65

I. Operator  
**Pontotoc Oil Corporation**  
Address  
**P.O. Box 5094, 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)

If change of ownership give name and address of previous owner: **Marcum Drilling Company, Box 5094, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Hobbs-State** Well No. **1** Pool Name, including Formation **Hobbs Drinkard** Kind of Lease **State** Lease No. **A-1469-2**  
Location  
Unit Letter **F** **2130** Feet From The **North** Line and **1650** Feet From The **West**  
Line of Section **29** Township **18S** Range **38E** , N.M.P.M. **Lea** County

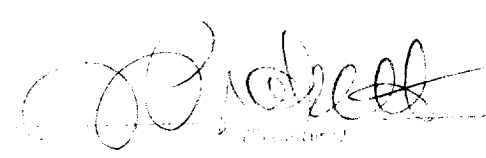
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Atlantic Pipe Line Co.** Address (Give address to which approved copy of this form is to be sent)  
**Box 2819, Dallas, Texas 75221**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Phillips Petroleum Co.** Address (Give address to which approved copy of this form is to be sent)  
**Bartlesville, Oklahoma 74003**  
If well produces oil or liquids, give location of tanks. Unit **C** Sec. **29** Twp. **18S** Rge. **38E** Is gas actually connected? **Yes** When **N.A.**

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

IV. COMPLETION DATA  
Designate Type of Completion - (X) ☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res't. ☐ Diff. Res't.  
Date Spudded Date Compl. Ready to Prod. Total Depth F.B.T.D.  
Elevations (DF, RNB, 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 SACKS CEMENT

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 Date of Test Producing Method (Lift, Pump, Gas Lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

CAS WELLS  
Actual First Test - MCF/24 Day(s) of Test Bbls. Condensate/MCF Gravity of Condensate  
Testing ended (pump, last prod.) Tubing Pressure (Shut-In) Casing Pressure (Shut-In) Choke Size

VI. CERTIFICATE OF COMPLETION  
I hereby certify that the information furnished to the Oil Conservation Commission has been true and correct and that the information given above is true and correct to the best of my knowledge and belief.  
  
Agent  
**February 27, 1978**  
OIL CONSERVATION COMMISSION  
APPROVED BY **John Runyan**  
TITLE **Commissioner**  
This form is to be filed in compliance with RULE 1104.  
If the test is conducted for allowable for a newly drilled or deepened well, this form and the information furnished by a tabulation of the available tests taken on the well in accordance with RULE 111.  
All information of this form must be filed out completely for all applicable information on the well.  
This form must be filed in the Oil, Gas, and Coal Division of the New Mexico Department of Energy, and other such changes as may be required.  
This form must be filed for each pool in a well.