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U.S.G.S.	
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

NAME CHANGE  
ATLANTIC P.L. CO.  
TO  
AECO P.L. CO.  
EFF. 1-1-71

Operator  
**Ne-O-Tex Corporation c/o John W. Wood, Jr.**  
Address  
**610 Wilkinson Foster Bldg., 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 ☐

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
<b>Hobbs - State</b>	<b>1469-Z</b>	<b>1-#</b>	<b>Hobbs - Drinkard</b>	State, Federal or Fee <b>State</b>
Location				
Unit Letter <b>F</b>	<b>2130</b>	Feet From The <b>North</b>	Line and <b>1750</b>	Feet From The <b>West</b>
Line of Section <b>29</b>	Township <b>18-S</b>	Range <b>38-E</b>	N.M.P.M.	Loc. <b>100</b> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Atlantic Pipe Line Co.</b>	<b>Box 1610, Midland, Texas 79701</b>					
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)					
<b>Phillips Petroleum Company</b>	<b>Room B-2, Phillips Bldg., Odessa, Texas 79760</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>F</b>	<b>29</b>	<b>18-S</b>	<b>38-E</b>	<b>No</b>	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<b>9-17-70</b>	<b>10-13-70</b>		<b>7050</b>		<b>7032</b>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<b>3654 G.L.</b>	<b>Drinkard</b>		<b>6680</b>		<b>6655</b>			
Perforations					Depth Casing Shoe			
<b>6680, 6720, 6750, 6778, 6784, 6884, 6890, 6907, 6912, 6940, 6951, 6954, 6978, 6987, 6992</b>					<b>7050</b>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17-1/2"</b>	<b>12-3/4"</b>	<b>356'</b>	<b>400 sk. - 50 sk. circ.</b>
<b>11"</b>	<b>8-5/8"</b>	<b>3795'</b>	<b>300 sk.</b>
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>7050'</b>	
	<b>2-3/8"</b>	<b>6655</b>	

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)

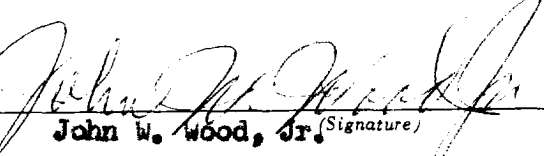
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>10-14-70</b>	<b>10-17-70</b>	<b>Flowing</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24 hrs.</b>	<b>100 ps</b>	<b>Packer</b>	<b>32/64ths inch</b>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<b>100 Bbl.</b>	<b>100 bbl.</b>	<b>1/10 or 1 1/2</b>	

GAS WELL

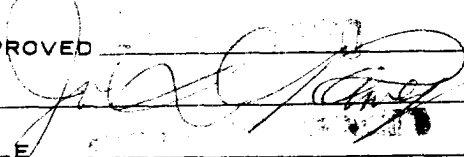
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

  
**John W. Wood, Jr.** (Signature)  
**Geologist** (Title)  
**10-30-70** (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 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.