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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

Operator
Ne-O-Tex Corporation, c/o John W. Wood, Jr.
Address
610 Wilkinson Foster Bldg., Midland, Texas 79701

NAME CHANGE
ATLANTIC P. L. CO.
TO
ARCO P. L. CO.

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) **EFF. 1-1-71**
3/1/71
RETURN TO R-104

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE STATE
DEPARTMENT OF REVENUE AND TAXATION
NOTICE TO OIL FIELD

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|------------------------------|----------------------|--|---|
| Lease Name Hobbs State | Lease No. A-1469-Z | Well No. 2 | Pool Name, including Formation Hobbs - Drinkard R-4119 | Kind of Lease State, Federal or Fee State |
| Location Unit Letter G ; 1980 Feet From The North Line and 1830 Feet From The East Line of Section 29 Township 18-S Range 38-E , NMPM, Lea County | | | | |

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) Box 1610, Midland, Texas 79701 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) Rm. B-2, Phillips Bldg., Odessa, Texas 79760 | |
| If well produces oil or liquids, give location of tanks. Unit G Sec. 29 Twp. 18-S Rge. 38-E | Is gas actually connected? No | 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) 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'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> | | |
| Date Spudded 11-7-70 | Date Compl. Ready to Prod. 1-1-71 | Total Depth 7075 | P.B.T.D. 7061 |
| Elevations (DF, RKB, RT, GR, etc.) 3655 G.L. | Name of Producing Formation Drinkard | Top Oil/Gas Pcy 6765 | Tubing Depth 6870 |
| Perforations 6705 - 7030 | Depth Casing Shoe 7075 | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|----------------|--------------------------------|-------------|----------------------|
| 12-3/4" | 9-5/8" 36# | 358 | 200 8% |
| 8-5/8" | 7" 23# & 20# | 3850 | 250 8% |
| 6-3/4" | 4-1/2" 11.60# | 7075 | 425 8% |
| | 2-3/8" Tbg. | 6870 | |

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 1-1-71 | Date of Test 1-5-71 | Producing Method (Flow, pump, gas lift, etc.) Pump 2" x 1-1/4" x 18' Harolison Fisher | |
| Length of Test 24 hrs. | Tubing Pressure Pumping | Casing Pressure 0 | Choke Size |
| Actual Prod. During Test 122 | Oil-Bbls. 122 | Water-Bbls. None | Gas-MCF 1696 |

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.

Geologist
1-12-71
(Signature)
(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 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.