DISTRIBUTION NEW MEXICO OIL CONSERVATION COM SION ANTA FE Form C-104 REQUEST FOR ALLOWABLE upersedes Old C-104 and C ILE AND Effective 1-1-65 .s.g.s AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Cities Service Oil and Gas Corporation P.O. Box 1919 - Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: To report casinghead gas transporter Recompletion OII Dry Gas and connection date Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ I. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Federal AE Central Corbin Queen 5 State, Federal or Fee Fed Location 1980 Unit Letter Feet From The South 1980 Line and West Feet From The Line of Section 185 Township 33E Range , NMPM, I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Agaress (Give address to which approved copy of this form is to be sent) or Condensate Koch Oil Company P.O. Box 3609 - Midland, Texas 79702 Name of Authorized Transporter of Castinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Conoco, 'nc. P.O. Box 460 - Hobbs, New Mexico 88240 Sec. Unit Twp. Is gas actually connected? P.ge. If well produces oil or liquids, î N give location of tacks ! 4 185 33E Yes 1-24-86 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well Workover Deepen Same Res'v. Diff. Res' Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth Elevations (DF, 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 SACKS CEMENT 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) OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Chose Size Actual Prod. During Test Oil-Bhis. Water - Hbla. Gas - MCF GAS WELL Length of Test Bbls. Condensate/MMCF Gravity of Concensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size . CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION

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.

APPROVED FEB 2 4 1986

TITLE .

Eddie W. Soay Oil & Gas Inspector

029489-B

County

LC

(Signature)

<u>Region Operations Manager -</u> Production

(Title)

February 20, 1986

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 Senerate Forms C-104 must be filed for each next in multiple.

MCENNED 1986