---DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-11 REQUEST FOR ALLOWABLE FILE Effective 1-1-55 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER A GAS OPERATOR PRORATION OFFICE Sergior Conoco Inc. P.O. Box 460, Hobbs, New Mexico 83240 Reasons) for tiling it heck proper our Other (Please explain) Change of corporate name from Continental Oil Company effective Recompletion CIL Dry Gas Castnahead Gas Change in Ownership Condensate July 1, 1979. If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lesso No. State Vacuum (G-SA) State, Federal or Fee B-3196 1980 175 Range 34€ Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS dress (Give address to which approved copy of this form is to be sent) Name or Authorized Trans Midland TX of Casingnead Gas 🔀 or Dry Gas which approved copy of this form is to se sent) GPM Gas Corporation Midland EFFECTIVE: February 1, 1992 Petroleum P.ge Sec. Twp. Unit If well produces oil or liquids, give location of tanks. yes N/A : ⊰≍ NE/4 175 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Weil Workover Plug Eggs Same Resty, Diff. Resty. Designate Type of Completion - (X) Date Spudded Date Campi, Ready to Prod. Total Depth P.E.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oll/Gas Pay Tubing Depth Depth Casing Shoe Periorations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE SACKS CEMENT CASING & TUBING SIZE DEPTH SET (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gds - MOF	

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.

neste (Signature) Division Manager **Q**MMISSION

County

APPROVED BY

District Supérvisor 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.

MMOCD (5) FILE

(Date)

(Title)

RECEIVED

JUN2 2 1979
OIL CONSERVATION COMM.
HOBES. N. M.