

| |
|---------------------|
| RECEIVED |
| DISTRIBUTION |
| SANTA FE |
| LAND OFFICE |
| TRANSPORTER |
| OIL |
| GAS |
| PERMITS |
| REGISTRATION 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 of Lessee Date of Test Hobbs, N. M. 60240 | |
| Reason for filing (Check proper box) | Other (Please explain) |
| Change in Transporter or oil | *To change well number from 2107 to 40 |
| Change in Location | |
| Change in Quantity | |
| Change in Casinghead Gas | |
| Change in Dry Gas | |
| Change in Condensate | |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---------------------|---------------|--------------------------------|-----------------------|
| Well Name | Well No. | Pool Name, Including Formation | Kind of Lease |
| West Lovington Unit | 40 | West Lovington | State, Federal or Fee |
| Section | Foot From The | Line or | Feet From The |
| C | 1960 | West | 660 North |
| Section | Range | Lea | County |
| 7 | 17-S | 36-E | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|--|-----------|-----|---------|
| Name of Transporter (Check proper box) | Address (Give address to which approved copy of this form is to be sent) | | | |
| Texas New Mexico Pipe Line Company | P. O. Box 1510 - Midland, Texas | | | |
| Name of Transporter (Check proper box) | Address (Give address to which approved copy of this form is to be sent) | | | |
| Skelly Oil Company | P. O. Box 1135 - Eunice, New Mexico | | | |
| Is well or lease for liquids, gas or both? | Is gas actually connected? | When | | |
| I | 5 | 17-S 36-E | Yes | Unknown |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|----------------------------|--------------|--------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Restv. | Diff. Restv. |
| Date of Test | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 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 OIL WELL

Test must be after recovery of total volume of loan oil and must be equal to or exceed top allowable for this depth or be for full 24 hours

| | | | |
|---------------------------------|-----------------|---|------------|
| Time 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 |
| Water-Bkls. During Test | Oil-Bkls. | Water-Bkls. | Gas-MCF |

GAS WELL

| | | | |
|---------------------------------|-----------------|-----------------------|-----------------------|
| Method of Test-M.F.T.D. | Length of Test | Bkls. Condensate/MMCF | Gravity of Condensate |
| Volume of Gas (pilot, back pr.) | Tubing Pressure | Casing Pressure | 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.

J. C. MARVINS, JR.

ASST. DIST. SGT.

JUN 15 1965

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 recompleed wells.

Fill out Sections I, II, III, and VI only 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.