ERGY AND MINERALS DEPARTMENT ** ** {****** DISTRIBUTION SANTA FE FILE LAND OFFICE OIL TRANSPORTER CAL OPERATOR PAGRATION OFFICE

L CONSERVATION DIVISIO 1980 P. O. BOX 2088 NEW MEXICO 07501

dolls New Mex.

88240 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 18mc Reason(s) for liling Change in Transporter of: New Well Change of operator from Vernon E. Dry Gas CU E. Faulconer Recompletion Condensate Casinghead Gas Change in Ownership X If change of ownership give name Vernon E. Faulconer, 1100 Peoples Bank Building, Tyler, Texas 75702 and address of previous owner. DESCRIPTION OF WELL AND LEASE Well No. Fool Name, including Formation Kind of Lease Leuse No. State, Federal or Fee Mattie Price 2 West Garrett (Devonian) Fee Location __ Feet From The __ East 990 H: 1650 Feet From The North Line and 38E , NMPM, County 17S Range Township Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS hadress (Give address to which approved copy of this form is to be sent) or Condensate Nome of Authorized Transporter of Oil & Box 1027, Lovington, N. M. 88260 Texas New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas None None Rge. Is gas actually connected? When Twp. Unit Sec. If well produces oil or liquids, 17S : 38E Α 6 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Same Res'v. Diff. Res'v. New Well Workeyer Deepen Plug Back Gas Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Soudded Tubing Depth Top OII/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Dote First New Oil Run To Tonks Choke Size Cosing Pressure Tubing Pressure Length of Test Gas-MCF Water - Bbls. Oil-Bble. Actual Prod. During Test GAS WELL Gravity of Condensate Bbis. Condensate/MMCF Langth of Test Actual Frod. Test-MCF/D Cosing Pressure (Shut-in) Choke Sixe Tubing Pressure (Shut-in) Testing Wethod (pitot, back pt.) OIL CONSERVATION DIVISION 3 () 1982 CERTIFICATE OF COMPLIANCE 19 _ I hereby certify that the rules and regulations of the Oil Conservation APPROVED. ORIGINAL SIGNED BY Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. JERRY SEXTON BY. DISTRICT 1 SUPR. TITLE __ This form is to be filed in compliance with MULE 1104.

Richer: Brumit	
(Signature)	
Environia a Comment	
(Title)	
5-6-82	
(Date)	

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

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MAY 1 0 1982

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