STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		\Box	П
SANTA FE			Γ
PILE		1	Г
U.1.0.4.			
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

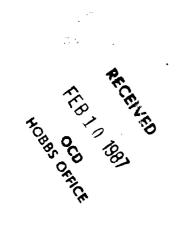
SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. AUTHO	KIZATION TO TRAN	SPORT OIL AND NAT	URAL GAS	
Operator				
CARR WELL Service	e, INC			
BOX 1427. Odessa.	Tezas 19	767-642 Other (Plea	2	
Récson(s) for filing (Check proper box)		Other (Plea	se explain)	
New Well Change	in Transporter of:			
Recompletion OII	<u></u> 1	Ory Gas		
Change in Ownership Car	singhead Gas	Condensate		
If change of ownership give name 15 COVE, and address of previous owner 15 COVE.	ry Operation	ng, INC SO	ON Marienfeld, STA. 16	00 Midland,
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No	. Pool Name, including		Kind of Lease	Lease No.
Looper	Knowles D	OVONIAN	State, Federal or Fee	
Location				
Unit Letter : 338 Feet Fi	om The North L	ne and	Feet From The WEST	-
1	7 6	21/1	,	
Line of Section Township	7-5 Range	38-8, NMP	M, LEA	County
III. DESIGNATION OF TRANSPORTER OF	OII AND NATURA	I CAS		
	Condensate	Andress (Give address	to which approved copy of this form is	to be sent)
				·
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address	to which approved copy of this form is	to be sent)
If well produces oil or liquids, Unit Se	c. Twp. Rge.	is gas actually connec	ted? When	
give location of tanks.		<u> </u>	l	
If this production is commingled with that from a	ny other lease or pool,	give commingling ord	er number:	
NOTE: Complete Parts IV and V on reverse	side if necessary.			
VI. CERTIFICATE OF COMPLIANCE		ll OIL 0	CONSERVATION DIVISION	
			- 4 0 400°	
I hereby certify that the rules and regulations of the Oil C been complied with and that the information given is true a		APPROVED	<u> </u>	, 19
my knowledge and belief.	and complete to the Best of	BY	Orig. Signed by	
			Paul Kantz	
. ,		TITLE	Geologist	
Man Back		This form is t	o be filed in compliance with RUL	E 1104.
(Signature)		Well, this form mus	quest for allowable for a newly dril	of the deviation
(Title)		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.		
(Date)		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.		
			s C-104 must be filed for each p	

Designate Type of Comple	tion = (X)	I MOLECULAR Despen	Frug Back Same Nes-V. Ditt. Nes-V	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be able for this	e after recovery of total volume of load depth or be for full 24 hours)	oil and must be equal to or exceed top allo	
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	Oil-Bbis.	Water - Bbls.	Gas-MCF	
SAS WELL				
Acrual 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	



IV. COMPLETION DATA