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State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P. O. Box 2088

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Operator  U.S.A., Inc.  Addiess  Addiess  Co. Dos (1150)  Midshad, TX. 79792  Change in Transporter of:  Change in Operator  Change in Op	Cherron U.S.A., Inc.   Solidard, TX. 79702	DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	-				LE AND MA			N			
Operator  U.S.A., Inc.  Addiess  Addiess  Co. Dos (Friling (owed proper box)  County [1]  Change in Transporter of:  Change in Transporter of:  Change in Transporter of:  Change in Transporter of:  Change in Operator  Change i	Content   Cont			OTKA	NSPUR	(1 OIL	AND NA	IUKAL	JAS				
Chevron U.S.A., Inc.    130 - 025-1273   Address   P. O. Box 1150, Mildrand, TX 79702	Chevron U.S.A., Inc.  Address (P. O. Box 1150, Milliand, TX 79702  Kease (1) for Filling (check proper 800)  See Well Change in Transporter of Casinghead Gas  Condensate  United Condensate  United Condensate  United Condensate  United Condensate  United See (See Condensate)  United See (See Condensate)  DesCRIPTION OF WELL AND LEASE  Lease Name  United Monument South Unit B  661  Eunice Monument G-SA  Lossion  United Monument South Unit B  Lossion  United Monument South Unit B  Lossion  United Monument South Unit B  Lossion  United Monument G-SA  Lossion  United Monument G-SA  South  Line and 990  Feet From The West Line  Section 11 Township 26S  Range 36E  NAPM Leas  County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  BOTT OIl Phelinic Co., ARCO  South 1 Township 2 Township						.,			Well	API No.		
P. O. Bot. 1150. Midland, TX. 79702    Change in Transpoorer of:	P. O. Bot. 156, Midshard, TX 79702  Reason (1) for Flang (sinch proper host)  New Wall Reason (1) for Flang (sinch proper host)  Change in Operator  Will No  Read Change in Cha	Chevron U.S.A., Inc.								30 -	025-12723		
Change in Transporter of Caiseghead Gas   Condensate	Change in Jerus   Change in Transporter of:   Change in Transporter of:   Change in Transporter of:   Change in Jerus		/02										
Recompletion Change in Openia   Cairinghead Gas   Ordentate	Recompletion   Cainghead Gas   Condensate		<u> </u>					Othe: (	Please expl	ain)			
February   Cassinghed Gas   Condensate   Condensate   Condensate   February   Cassinghed Gas   Condensate   Condensate   February   Cassinghed Gas   Condensate	If chance of operator   Casinghead Gas	·		unge in Tra									
If chance of operator give name and addition of previous operators  III. DESCRIPTION OF WELL AND LEASE  Lease Nune  Eunice Monument South Unit B  Sol Eunice Monument G-SA  Lease No.  State, Federal of Fee  Lease No.  State, Fee  Lease No.  State, Federal of Fee  Lease No.  State, Federal of Fee  Lease No.  State of Fee  Lease No.	If change of operator give name and address of previous operators operators on the previous operators operators on the previous operators operators on the previous operators of previous operators operators on the previous operators operators on the previous operators operator	ļ <del>-</del> <b>—</b>		ias		•	<sub>te</sub> H						
II. DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Fool Name, Including Formation   State, Federal or Foe   Lease No.   State, F	And address of previous operator  Lase Nume  Lase Nume  Well No. Enrice Monument South Unit B  Location  Unit Letter  L : 2310 Feet From The South Line and 990 Feet From The West Line Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  Blue Letter L : 2310 Feet From The South Line and 990 Feet From The West Line Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County  The Section 11 Township 20S Rang 36E , NMPM, Let County 36E , NMPM, Let Count						<u> </u>						
Lease Nume  Eunice Monument South Unit B  B61  Eunice Monument G-SA  Lease Nu.  Lease Nu.  Lease Nu.  Lease Nu.  Location  Unit Letter  L  : 2310  Feet From The  Section 11  Township  208  Rang  36E  NMPM,  Lea  County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Coll  FOOTT OIL Fipeline Co., ARCO  Name of Authorized Transporter of Coll  Foot Tour Fipeline Co., ARCO  Name of Authorized Transporter of Coll  Foot Tour Fipeline Co., ARCO  Name of Authorized Transporter of Coll  Foot Tour Fipeline Co., ARCO  Name of Authorized Transporter of Coll  Foot Tour Fipeline Co., ARCO  Name of Authorized Transporter of Coll  Foot Inguish,  Foot Tour Fipeline Co.  Foot Goodenated  If well production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spanded  Date Compl. Ready to Frod  Foot Spanded  Date Compl. Ready to Frod  Foot Spanded  Date Compl. Ready to Frod  Tubing Casing AND EMERNITING RECORD  Total Depth  Popition And Requires Tor Allowable  TUBING Casing AND EMERNITING RECORD  Total Depth  Foot Give Address to which approved copy of this form is to be sent)  Unknown  Tubing Depth  Popition Type  Tubing Depth  Popition Type  Tubing Depth  Foot Total Depth  Popition Type  Tubing Depth  Foot Casing a Tubing Depth  Foot Casing a Tubing Depth  Foot Casing a Tubing Depth  Foot Casing And Casing a Tubing Depth  Foot Casing And Casing a Tubing Depth  Foot Total Depth  Foot Total Casing And Casing	Lease No.   State, Federal or Fee   Lease No.   State, Federal No.   Lease No.   Lease No.   State, Federal No.   Lease N	and address of previous operator											
Eunice Monument South Unit B  Boll Eunice Monument G-SA    State, Federal or Fee	Eunice Monument G-SA    State, Federal of Fee	II. DESCRIPTION OF WELL A	ND LEAS	E							·		
Location	Location	Lease Name		Well N	lo. Pool l	Name, In	cluding Formation					Lease No.	
Unit Letter L : 2310 Feet From The South Line and 990 Feet From The West Line Section 11 Township 20S Rang 36E NMPM, Let County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Of Condensate Or Or Or Or Condensate Or Or Or Condensate Or Or Or Or Condensate Or	Unit Letter L : 2310 Feet From The South Line and 990 Feet From The West Line Section 11 Township 20S Range 36E ,NMPM, Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Campusket Osa or Condensate Or Condensate Or County  FO. Box 4666, Houston, TX 77210-4666, Subject 5644  Name of Authorized Transporter of Campusket Osa or On One Oil Campusket Osa or One Oil Condensate Or Oil Condensate Oil Conden	Eunice Monument South Unit B		861	1	Eunice	Monumer	nt G-SA					
Section 11 Township 26S   Range 36E   NMPM,   Lea   County	Section 11 Township 20S Rang 36E NMPM Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  EOTT Oil Pipeline Co., ARCO  Name of Authorized Transporter of Casinghan and the second of the	Location											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil  or Condensate  Address  Give address to which approved copy of this form is to be sent)  P.O. Box 4666, Houston, TX 77210-4666, Suite 2604  Name of Authorized Transporter of Casinglyad Gas  or Condensate  P.O. Box 4666, Houston, TX 77210-4666, Suite 2604  Name of Authorized Transporter of Casinglyad Gas  or Dy Gas  Address  Give address to which approved copy of this form is to be sent)  If well produces oil or figuids, give location of tanks.  Unit  Sec. Twp. Rge. Is gas actually connected?  Yes  Unknown  If this production is comminged with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P. B. T. D.  Total Depth  P. B. T. D.  TUBING, CASING AND CEMENTING RECORD  CASING & TUBING SIZE  TUBING, CASING AND CEMENTING RECORD  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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  Date First New Oil Rn To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure (Shut - in)  Choke Size  OIL CONSERVATION DIVISION  FEB 10 894  Date Approved  By  ORIGINAL SIGNED BY TERPY SEXTON  ORIGINAL SIGNED BY TERPY SEXTON	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil  Or Condensate  EOTT Oil Pipeline Co., ARCO  Name of Authorized Transporter of Casinghyad Gas  or Dy Gas  Address  Address  Or Dy Gas  Address  Or By Gas  Address  Or Gree address to which approved copy of this form is to be sent)  Py Gas  Or By Gas  Or By Gas  Address  Or By Gas  Or By	Unit Letter L	:	2310	Feet Fr	rom The	South	Line a	nd	990	Feet From The	West Line	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil  or Condensate  Address  Give address to which approved copy of this form is to be sent)  P.O. Box 4666, Houston, TX 77210-4666, Suite 2604  Name of Authorized Transporter of Casinglyad Gas  or Condensate  P.O. Box 4666, Houston, TX 77210-4666, Suite 2604  Name of Authorized Transporter of Casinglyad Gas  or Dy Gas  Address  Give address to which approved copy of this form is to be sent)  If well produces oil or figuids, give location of tanks.  Unit  Sec. Twp. Rge. Is gas actually connected?  Yes  Unknown  If this production is comminged with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P. B. T. D.  Total Depth  P. B. T. D.  TUBING, CASING AND CEMENTING RECORD  CASING & TUBING SIZE  TUBING, CASING AND CEMENTING RECORD  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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  Date First New Oil Rn To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure (Shut - in)  Choke Size  OIL CONSERVATION DIVISION  FEB 10 894  Date Approved  By  ORIGINAL SIGNED BY TERPY SEXTON  ORIGINAL SIGNED BY TERPY SEXTON	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil  Or Condensate  EOTT Oil Pipeline Co., ARCO  Name of Authorized Transporter of Casinghyad Gas  or Dy Gas  Address  Address  Or Dy Gas  Address  Or By Gas  Address  Or Gree address to which approved copy of this form is to be sent)  Py Gas  Or By Gas  Or By Gas  Address  Or By Gas  Or By	C. C. 11 Translin	205		— Pana		36F	NME	M	Ĭ ea		County	
Name of Authorized Transporter of Oil  FOT DI Pipeline Co., ARCO  P.O. Box 4666, Houston, TX 77210-4666, Suite 2604  Name of Authorized Transporter of Caringhed Gas  or Dy Gas  Address  Give address to which approved copy of this form is to be sent)  P.O. Box 4666, Houston, TX 77210-4666, Suite 2604  Name of Authorized Transporter of Caringhed Gas  I well produces oil or liquids, give location of lanks.  Unit  Sec. Twp. Rge.  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)  Date Spanded  Date Compl. Ready to Prod.  Total Depth  Total Depth  P. B. T. D.  Tubing Depth  Peforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  Casing Pressure  Choke Size  Actual Prod During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF  Gravity of Condensate  Casing Pressure  Choke Size  OIL CONSERVATION DIVISION  FEB 1 0 1994  Date Office address to which approved copy of this form is to be sent)  P.O. Box 4666, Houston, TX 77210-4666, Suite 2604  Address  Give address to which approved copy of this form is to be sent)  Is gas actually connected?  When?  Yes  Unknown  I sea actually connected?  When?  Yes  Unknown  Total Depth  P.D. Box 1 Depth Plugback  Same Res'  Diff Res'  Diff Res'  Depth Casing actually connected?  When?  Yes  Unknown  Tubing Depth  P.D. Box 1 Depth Serve  Depth Casing actually connected?  When?  Yes  Unknown  Tubing Depth  P.D. Box 2 Depth Serve  Depth Casing Beat Connected of this depth or be for full 24 hours)  P.D. Box 2 Depth Serve  Depth Casing Beat Connected of this depth or be for full 24 hours)  P.D. Box 2 Depth Serve  Casing Pressure  Choke Size  OIL CONSERVATION DIVISION  FEB 1 0 1994  Date Office Address  OIL CONSERVATION DIVISION  FEB 1 0 1994  Depth Serve  Depth Serve  Depth Serve  Depth Serve  Depth Serve  Depth Se	Name of Authorized Transporter of Oil  FOTT Oil Pipeline Co., ARCO  ARCO  P.O. Box 44666, Houstack Transporter of Casingly and Gas  or Dy Gas  Address  Give address to which approved copy of this form is to be sent)  P.O. Box 44666, Houstack, TX 77210-4666, Suite 2604  Address  Give address to which approved copy of this form is to be sent)  P.O. Box 44666, Houstack, TX 77210-4666, Suite 2604  Address  Give address to which approved copy of this form is to be sent)  If well produces oil or figuids, give location of tanks.  Unit  Sec. Twp. Rgc. Is gas actually connected?  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)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P. B. T. D.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  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 toils volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  Date First New Oil Run To Tank  Date of Test  Length of Test  Length of Test  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF  Gravity of Coodensate  Oil CONSERVATION DIVISION  FEB 1 0 1934  It hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and completes to the lest of my knowledge and belief.  Title  OIL CONSERVATION DIVISION  FEB 1 0 1934  Title  ORIGINAL SIGNED BY JERRY SEXTON  Title  Title  ORIGINAL SIGNED BY JERRY SEXTON  Title	<u></u>		07.07					171,	Lka		county	
P.O. Box 4666, Houston, TX 77210-4666, Suite 2604  Name of Authorized Transporter of Casinghed Gas or Dy Gas or Dy Gas defee, Houston, TX 77210-4666, Suite 2604  Name of Authorized Transporter of Casinghed Gas or Dy Gas defees (Give address to which approved copy of this form is to be sent)  If well production of tanks, give location of tanks.  Unit Sec. Twp. Rge. Is gas actually connected? When?  Yes Unknown  If this production is commingled with that from any other lease or pool, give commingling order namber:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Completion - (X)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  P. B. T. D.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  TUBING, CASING AND CEMENTING RECORD  TUBING, CASING AND CEMENTING RECORD  TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (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 fall 24 hours)  Date First New Oil Run To Tank  Date of Test  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. Test - MCF/D  Length of Test  Casing Pressure  Choke Size  OIL CONSERVATION DIVISION  FEB 1 0 1994  Date Approved  By  ORIGINAL SIGNED BY JERY SEXTON  ORIGINAL SIGNED BY JERY SEXTON	P.O. Box 4666, Houston, TX 77210-4666, Suite 2604 Name of Authorized Transporter of Casinghed Gas or Dy Gas Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, give location of stanks.  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If this production is commingled with that from any other lease or pool, give comminging order number:  If well Despet Casing Producting Producting Record  In this producting Record to white depth or be for full 24 hours)  In this producting Record  In thi		<u>SPORTER</u>			NATU			address to	vhich approv	ed copy of this t	form is to be sent)	
Name of Authorized Transporter of Casinghed Gas or Dy Gas Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, give location of tanks.  Unit Sec. Twp. Rgc. Is gas actually connected?  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)  Date Spudded Date Compl. Ready to Prod. Total Depth P. B. T. D.  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Gil/Gas Pay Tubing Depth  Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Gil/Gas Pay Tubing Depth  Peforations  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 food oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Cheke Size  Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF  GAS WELL  Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  Testing Method (pilot, back press.) Tubing Pressure (Shut - in)  Cheke Size  OIL CONSERVATION DIVISION FEB 10 1994  By ORIGINAL SIGNED BY JERRY SEXTON DIVISION FEB 10 1994	Name of Authorized Transporter of Casing lead Gas or Dy Gas   Address   Give address to which approved copy of this form is to be sens)  If well produces oil or liquids, give location of tanks.   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?   Yes   Unknown    If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  It this production is commingled with that from any other lease or pool, give commingling order number:  It is gas actually connected?  When?  Yes  Unknown  It is gas actually connected?  When?  Yes  Unknown  It is a actually connected?  When?  Yes  Unknown  It is a actually connected?  When?  Pespen   Plugback   Same Res'   Diff Res'    Deepen   Plugback	·	<b>?</b> [X] <sub>₹</sub> .		7		7 Idaics	,					
If well produces oil or liquids, give location of tanks.  Unit Sec. Twp. Rge. Is gas actually connected? Yes Unknown  If this production is commingled with that from any other lease or pool, give comminging order number:  IV. COMPLETION DATA  Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth Determine Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth Determine Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth Determine Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth Depth Casin; g  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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) Date First New Oil Run To Tank Date of Test Date of Test Date Oil During Pressure Casing Pressure Choke Size  Actual Prod. Test - MCF/D Length of Test Diting Pressure (Shut - in) Casing Pressure (Shut - in) Choke Size  OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  By OREGINAL SIGNED BY JERRY SEKTON SIGNATURE SIGNATURE OREGINAL SIGNED BY JERRY SEKTON OREGINAL SIGNED BY JERRY SEKTON OREGINAL SIGNED BY JERRY SEKTON	If well produces oil or liquids, give location of tanks.    If this production is commingled with that from any other lease or pool, give commingling order number:   If this production is commingled with that from any other lease or pool, give commingling order number:   If this production is commingled with that from any other lease or pool, give commingling order number:   If this production is commingled with that from any other lease or pool, give commingling order number:   If this production is commingled with that the information or pool, give commingling order number:   If this production is commingled with that the information or pool give commingling order number:   If this production is commingled with that the information or given above is true and complete to the least of my knowledge and belief.   If the production is commingled with that the information given above is true and complete to the least of my knowledge and belief.   If the production is commingled with that the information given above is true and complete to the least of my knowledge and belief.   If the production is commingling order number:   If the production is commingling order number:   If this production is commingling order number:   If the producti			2	Dy Gas		Address						
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) 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  Depth Casin; g  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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. Test MCF/D  Length of Test  Casing Pressure  Choke Size  Oil - Bbis.  GAS WELL  Actual Prod. Test MCF/D  Length of Test  Tubing Pressure (Shut - in)  Choke Size  OIL CONSERVATION DIVISION  FEB 10 1994  By  ORIGINAL SIGNED BY - JERRY SEKTON	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)  Date Sprudded  Date Compl. Ready to Prod.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  OIL WELL  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)  Date First New Oil Run To Tank  Date of Test  Actual Prod. Test - MCF/D  Length of Test  Casing Pressure  Choke Size  Actual Prod. Test - MCF/D  Length of Test  Testing Method  (pilot, back press.)  Tubing Pressure (Shut - in)  Choke Size  OIL CONSERVATION DIVISION  FEB 1 0 1994  ORIGINAL SIGNED BY JERRY SEXTON  Title  Printed Name  Title	Name of Authorized Transporter of Casing	pau Gas	<u> </u>	1 D y Gas								
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Designate Type of Completion - (X)  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  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Itest 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)  Date First New Oil Run To Tank  Date of Test  Unbing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF  Testing Method  (pilot, back press.)  Tubing Pressure (Shut - in)  Choke Size  OIL CONSERVATION DIVISION  FEB 1 0 1994  Signature  ORIGINAL SIGNED BY JERRY SEXTON	Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P. B. T. D.  Depth Casin; g  Depth Casin; g  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Itest 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)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. Test - MCF/D  Length of Test  Did Bils.  Water - Bils.  Gas - MCF  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Sighture  J. K. Ripley  T. A.  Printed Name  Title  Defth Casin Pressure   Deepth   P. B. T. D.  Total Depth   P. B. T. D.  Prod Depth Casin; Deepth Casin;	give location of tanks.					7	/es			Unknown		
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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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  Date First New Oil Run To Tank  Date of Test  Producing Method  (Flow, pump, gas lift, etc.)  Length of Test  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method  (pilot, back press.)  Tubing Pressure (Shut - in)  Casing Pressure (Shut - in)  Choke Size  OIL CONSERVATION DIVISION  FEB 10 1994  Date Approved  By  ORIGINAL SIGNED BY JERRY SEXTON	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Date of Test Tubing Pressure Casing Pressure Choke Size  Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF  GAS WELL  Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  Testing Method (pilot, back press.) Tubing Pressure (Shut - in) Choke Size  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the lest of my knowledge and belief.  By ORIGINAL SIGNED BY JERRY SEXTON Title DISTRICT   SUPERVISOR	Peforations								Depth Casir	ı; g		
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OIL WELL  (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)  Date First New Oil Run To Tank  Date of Test  Producing Method  (Flow, pump, gas lift, etc.)  Length of Test  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method  (pilot, back press.)  Tubing Pressure (Shut - in)  Casing Pressure (Shut - in)  Choke Size  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the lest of my knowledge and belief.  Date Approved  By  ORIGINAL SIGNED BY JERRY SEXTON	OIL WELL  (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)  Date First New Oil Run To Tank  Date of Test  Producing Method  (Flow, pump, gas lift, etc.)  Length of Test  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF  Gas WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method  (pilot, back press.)  Tubing Pressure (Shut - in)  Casing Pressure (Shut - in)  Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  By  ORIGINAL SIGNED BY JERRY SEXTON  Title  Title	HOLE SIZE	CASIN	NG & TUB	ING SIZE	]	D	EPTH SET		SACKS CÉMENT			
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Signature ORIGINAL SIGNED BY JERKY JEANNY	Signature  J. K. Ripley  Trinted Name  Title  ORIGINAL SIGNED BY JERRY SEATON  Title  ORIGINAL SIGNED BY JERRY SEATON  Title						Date	Approve	d	1 20 1			
Signature ORIGINAL SIGNED BY JERKY JEANNY	Signature  J. K. Ripley  Trinted Name  Title  ORIGINAL SIGNED BY JERRY SEATON  Title  ORIGINAL SIGNED BY JERRY SEATON  Title	O. K. Rinlow					By					VTAN	
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1 miles i valie	1/26/94 (915)687-7148	Printed Name 1/26/94			148								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
   3) Fill out only Sections I, II, III and VI for changes of operator, well name or number, transporter, or other such changes.

Telephone No.

4) Separate Form C - 104 must be filed for each pool in multiply completed wells.

Date