

DISTRIBUTION
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL
 GAS
 OPERATOR
 PRODUCTION 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

STANDARD PRODUCTION COMPANY
 P. O. Box 9317, Fort Worth, Texas 76107
 Reasons for filing (Check proper box)
 New Well ☐ Change in Transporter of ☐
 Existing Well ☐ Oil ☒ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
 Other (Please explain)
 Placed into Teas Yates Unit effective January 1, 1971-former lease name was Sinclair Federal-now Tr. No. 6
 If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
 Well Name: Teas Yates Unit Tr. 6
 Well No.: 1
 Pool Name, including Formation: Teas Yates Seven Rivers
 Kind of Lease: Federal
 State, Federal or Pool No.: 15-067205
 Location:
 East Corner 1, 2310 Feet From The South Line and 990 Feet From The West
 Township 20S Range 33E Section 14

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☒ or Condensate ☐
 Teas-Mexico Pipe Line Company
 Address (Give address to which approved copy of this form is to be sent)
 Box 1510, Midland, Texas 79701
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
 None
 Address (Give address to which approved copy of this form is to be sent)
 None
 If well produces oil or liquids, give location of tanks:
 Unit Sec. Twp. Rge. Is gas actually connected? When
 L 14 20S 33E NO

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 Res'v. Diff. Res'v.
 Date Compl. Ready to Prod. Total Depth P.R.T.D.
 Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL
 Date of Test Producing Method (Flow, pump, gas lift, etc.)
 Tubing Pressure Casing Pressure Choke Size
 Oil-Bbls. Water-Bbls. Gas-MCF
 GAS WELL
 Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 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.
 M. F. Nelson
 District Superintendent
 January 15, 1971
 OIL CONSERVATION COMMISSION
 APPROVED
 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 recompleted 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 as drilled.