| | NO. OF COPIES REC | EIVED | | | | | | | 11 | |
|-----|--|---|-------------|--|----------------------------------|--|--|---------------------------|------------------|--|
| | DISTRIBUTI | ON | | NEW MEXICO OIL CONSERVATION COMMITTIN | | | | | _ | |
| | SANTA FE | | | 772 | | ST FOR ALLOWABLE | in in | Form C-104 Supersedes Old | C-104 and C-11 | |
| | FILE U.S.G.S. LAND OFFICE | | | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | Effective 1-1-65 | |
| | | | | | | | | | | |
| | | | | AUTHORIZA | CITOR 10 | INANSI ON FOIL AND | MATURAL GAS | | | |
| | | OIL | | | | | | | | |
| , | IRANSPORTER | GAS | | | | | | | | |
| | OPERATOR | | T | | | | | | • | |
| | PRORATION OF | FICE | | | | | | | | |
| • | Operator | | | | | | ······································ | | | |
| | Walter | W. Krug | אמת | Waller | ı Product | ion Co | | | | |
| | Address | W. KINE | _UDA | - HOLICI | 1 11 Oddet | TOIL CO. | | | | |
| | Box 19 | 60 | Midlan | d,Texas 79 | 702 | | | | | |
| | Reason(s) for filing | | | u, lexas / | 7702 | Other (Pleas | e explain) | | | |
| | New Well | x | | Change in Trans | sporter of: | 0 | c capitally | | | |
| | Recompletion | A | | Oil | | y Gas | | • | | |
| | · | | | Casinghead Gas | | ndensate | | | | |
| | Change in Ownershi | | | Casinghead Gas | | ildensate | | | | |
| | | | | | | | | | | |
| | If change of owners and address of prev | vious owner | | LSE | | | | | | |
| | | vious owner | | ISE Well No. Pool ! | Name, Includir | | Kind of Lease | | Lease No. | |
| | and address of prev | OF WELL A | | Well No. Pool ! | | Seven Rivers | Kind of Lease | - LC | Lease No. 070315 | |
| | DESCRIPTION O | OF WELL A | | Well No. Pool ! | Name, Includir le Lynch | Seven Rivers | | - LC | 1 1 | |
| | DESCRIPTION O Legse Name Wallen Bas | ovious owner OF WELL A | | Well No. Pool! | le Lynch | Seven Rivers | State, Federal or Fee | | 1 1 | |
| | DESCRIPTION O Lease Name Wallen Bas Location | or WELL A | 660 | Well No. Pool! | le Lynch | Seven Rivers Yates | State, Federal or Fee | | 1 1 | |
| II. | DESCRIPTION Of Lease Name Wallen Bast Location Unit Letter Of Line of Section DESIGNATION Of Lease Name of Location | of WELL A | 660 Townshi | Well No. Pool ! 4 Midd Feet From The P 20 S OF OIL AND | le Lynch South Range NATURAL | Seven Rivers Yates Line and 1650 34 E , NMPN | Feet From The | East | 070315 | |
| 11. | DESCRIPTION OF Lease Name Wallen Base Location Unit Letter 0 Line of Section | DF WELL A SS 21 DF TRANSI Transporter | 660 Townshi | Well No. Pool ! 4 Midd Feet From The P 20 S OF OIL AND or Condens | le Lynch South Range NATURAL ate | Seven Rivers Yates Line and 1650 34 E , NMPN GAS Address (Give address | Feet From The | East | 070315 County | |

40 June 4 Phillips Petro.Co. Bartlesvi Fier ok.VE: February 1 Box 300 Tulsa,0k. 74102 Serv. If well produces oil or liquids, 20 S 34 give location of tanks. D 28 8/ 19/ 79 Yes If this production is commingled with that from any other lease or pool, give commingling order number: No IV. COMPLETION DATA Oil Well Gas Well New Well Plug Back Same Resty. Diff. Resty. Designate Type of Completion -(X)X X Total Depth Date Spudded Date Compl. Ready to Prod. 6/1/79 8/20/79 8/10/79Name of Producing Formation Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) 3635' GR 3671' Yates Sand 3458. Depth Casing Shoe 34361 None TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT 13 3/8 " 2591 350 sxs Class "C" 15½" 125" 10 3/4 " 645' Mudded in 8 5/8 " 10 1055 Mudded in 8" 1100 sxs Class 34361

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test 7/31/79 8/18/79 Flowing Casing Pressure Length of Test Tubing Pressure 24 hrs 30 PSI 380 PSI

| Actual Prod. During Test | Oil-Bbla. | Water-Bbis. | Gda-MCF | |
|----------------------------------|---------------------------|---------------------------|-----------------------|---|
| 79 BFPD | 79 BFPD | 0 | 35 | |
| GAS WELL | | | | |
| Actual 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 | _ |

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.

| Valte - Hi King | |
|-----------------|--|
| (Signature) | |
| Engineer | |
| (Title) | |

(Date)

8/21/79

OIL CONSERVATION COMMISSION

| APPROVEDZA AUG 24 1979 | 19 |
|------------------------|----|
| an w. Nemmen | |
| TITLE Geologist | |

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 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