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 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-111
 Effective 1-1-75

I. **Owner**
 Crown Central Petroleum Corporation
 Address
 4000 N. Big Spring, Suite 213, Midland, TX 79705
 Reason(s) for filing (check proper box)
 New well ☐ Extension in Transporter's life ☐ Other (Please explain)
 Changing location ☐ Oil ☒ Dry Gas ☐
 Change in ownership ☐ Natural Gas ☐ Condensate ☐
 If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name
 McCallister
 Well No. Well Name, including Formation
 1 West Nadine (Blinebry)
 Kind of Lease
 State, Federal or Free Fee
 Location
 Unit Letter P M : 660 Feet From The South Line and 560 Feet From The West
 Line of Section 5 Township 20S Range 38E, NMEL, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter (check ☒ or ☐)
 Address (Give address to which approved copy of this form is to be sent)
 Pride Pipeline Company
 P.O. Box 2436, Abilene, TX 79604
 Name of Authorized Transporter of Condensate Gas ☐ or Dry Gas ☐
 Address (Give address to which approved copy of this form is to be sent)
 Warren Pet
 If well produces oil or liquids, give location of tanks.
 Unit M Sec. 5 Twp. 20S Rge. 38E
 Is gas actually connected? 2/12/86 When 1961

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 Spudded Date Compl. Ready to Prod. Total Depth F.B.T.D.
 Perforations
 Date of Perforating Formation Top Oil/Gas Pay Trueing 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 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 Flow at Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
 Length 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/MCF Gravity of Condensate
 Testing Method (pitot, back pr.) 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.


 K.K. Kirby
 (Signature)

Petroleum Engineer

November 11, 1986

OIL CONSERVATION COMMISSION

APPROVED NOV 14 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
 TITLE DISTRICT 1 SUPERVISOR

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 in multiple