## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE			
TRANSPORTER OIL GAS			
OPERATOR			
PRORATION OF	ICE		

## 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

Operator				
Smith & Marrs, Ir	nc.			
Address				
P.O. Box 863, Ker	mit, TX 79745			
Reoson(s) for filing (Check proper box)		Other (Please	e explain)	
New Well	Change in Transporter of: Ownership change effective			
Recompletion		ry Gas 8/1/88		
X Change in Ownership	Casinghead Gas C	ondensate		
If change of ownership give name and address of previous owner	J. R. Cone. P.O. Box 10	0217. Lubbock, 7	<u>X 79408</u>	
		,		
II. DESCRIPTION OF WELL ANI	D LEASE			
Lease Name Cone Jalmat	Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.
Yates Pool Unit Tr. 5	2 Jalmat Tansi	l Yates SR	State, Federal or Fee State	Е_1625-Е
L . 2310	) Feet From The South Lir	990 and	Feet From The West	
Unit Letter			· · · · · · · · · · · · · · · · ·	<u> </u>
Line of Section 24 Tom	vnship 22S Range 3	5Е , ммрм	• Lea	County
III. DESIGNATION OF TRANSF	PORTER OF OIL AND NATURAL	L GAS	-	
Name of Authorized Transporter of Oil		Address (Give address	to which approved copy of this form i	s to be sent)
Water Injection Well				
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address	to which approved copy of this form i	s to be sent)
	Unii Sec. Twp. Rge.	Is gas actually connect	ed? When	
If well produces oil or liquids, give location of tanks,			1	
,,,,,,, _	<u></u>			

If this production is commingled with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ć	Samelik alances and
	(Signature)
	Agent
· · · · · ·	(Title)
	11/4/88
	(Date)

O	IL CONSERVATION DIVISION
BY	ORIGINAL SIGNED BY JERRY SEXTON
TITLE	DISTRICT I 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 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 completed wells.

ENERGY AND MINERALS DEPARTMENT  OIL CONSERVATION DIVISION  Form C-103    Distribution  P.O. BOX 2088  Form C-103    Distribution  SANTA FE, NEW MEXICO 87501  Sa. Inductore Type of Levice    U.G.O.  Santa FE, NEW MEXICO 87501  Sa. Inductore Type of Levice    U.G.O.  Santa FE, NEW MEXICO 87501  Sa. Inductore Type of Levice    U.G.O.  Santa FE, NEW MEXICO 87501  Sa. Inductore Type of Levice    U.G.O.  Santa FE, NEW MEXICO 87501  Sa. Inductore Type of Levice    U.G.O.  Santa FE, NEW MEXICO 87501  Sa. Inductore Type of Levice    Image: Support of the second seco	STATE OF NEW MEXICO			
Distribution  P. O. BOX 2088  Form C-103    SANTA FE  SANTA FE, NEW MEXICO 87501  Setting (10-1-2)    U.s.d.  Sine CI  Setting (10-1-2)    Setting (10-1-2)  Setting (10-1-2)  Setting (10-1-2)	ENERGY AND MINERALS DEPARTMEN	r		
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File  SAMITA PE, HEW MEXICO 87501    U.s.o.a.  Sa. Indicate Type of Lesse    U.s.o.a.  Source    OPERATION  Source    SUNDRY NOTICES AND REPORTS ON WELLS  Source    too nor use true  Source    Well  orners    Water Flood Injection Well  // Unit Agreement Hume Come    J.R. CONE  S. Forman Values Pool    J.R. CONE  S. Power Lesse    J.Address of Operator  S. Power Lesse    P.O. BOX 10271, LUBBOCK, TX 79408  990    recerval  22-S    Address of Operator  Jalant    Unit Lesse  15. Elevation (Show whether DF, RT, GR, etc.)    15. Elevation (Show whether DF, RT, GR, etc.)  12. County    16.  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data    NOTICE OF INTENTION TO:	DISTRIBUTION			Form C-103
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LAND OFFICE  State X  Fee    OFERATOR  State X  Fee    OFERATOR  State X  Fee    OFERATOR  State X  Fee    State X  State X  Fee	PILZ			
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17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed			under Administrative	Urder WFX No. 206
	17. Describe Proposed or Completed Oper	ations (Clearly state all pertinent det	ails, and give pertinent dates, including	estimated date of sturting any proposed

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of stricting any proposed work) SEE RULE 1103.

Original completion data: Formerly Antweil State "A" Well No. 2; TD 3950; 6" 16 & 181b casing cemented at 3950' with 250 sacks; Top Yates 3753; casing perforated 3854-3878' and 3896-3914'; frac'd perforated 3802-3827'; frac'd squeezed all casing perforations with 2000 sacks cement; re-perforated 3802-3827' and 3896-3914'; completed October 1957.

Converted to water flood injection: May 12, 1965.

<u>February 12, 1987</u>, pulled tubing and packer, found holes in bottom two joints of tubing. Ran recondition Baker AD-1 and tested tubing in hole. Set packer @3689. Circulated packer fluid and tested casing with no pressure loss.

	certify that the information above is	true and complete to the best of my knowledge and bel	iet.
APPHOYED BY	ORIGINAL SIGNED BY JEPRY 5 DISTRICT I SUPERVISOR	EXTON	DATE 10-9-87