RECORDS CONTRACTOR SERVICE Form C-104 Effective 1-1-65 Aller great that LAURAL GAS ON OFFICE Llano, Inc. P.O. Box 1320
ason(s) for filing (Check proper b...) Hobbs, New Mexico 88240 Soluin, --Tringe in Ownership x Effective August 8, 1975 .. chang of ownership give name and add. as of revious owner U DESCRIPTION OF WELL AND LEASE.

| Sell Date | Published Selling | Foliation Stud of Lease Lease No. State, Federal or Fee Federal/ NM 058678 Federal GR-4 1 Grama Ridge Morrow (gas) Unt. Letter **F** ; **2310** North 2310 real From The West Line of Section 4 Township 22-S maage 34-E Lea County III. DESIGNATION OF TRANSPORTER OF WAL MAN BEATERN WELL Name of Authorized Transporter of CII and Country state X hich approved copy of this form is to be sent) Navajo Crude Oil Purchasing Co. N. Freeman ave. Artesia, N. M. 88210 Phillips Petroleum Corporation Room B-2 Phillips Bldg. Odessa, Texas 79760 If well produces oil or riquids, give location of tanks. 22-s 34-E 2-8-66 Yes If this production is commingled with \max_{i} COMPLETION DATA Sune Resty, Diff. Resty, Designate type of Completion - (A) Date Spiidded | Date Elevations (DF, AKB, RT, GR, etc.) Name of Francis, Tukin, Depth Perforations Derma aming Shee HOLE SIZE CASING CONSING SIZE V. TEST DATA AND REQUEST FOR ALLOWARD C OIL WELL TDate or The Date First New Oil Run To Tanks Tubing Francisco Length of Test Actual Prod. During Test ₹ %₹₹ Actual Prod. Test-MCF/D Length of Isst Gravi . if Condinsate Testing Method (pitot, back pr.) Tubing Press and (33 . 1 . 2 . 4 VI. CERTIFICATE OF COMPLIANCE SERVATION CAMMISSION I hereby certify that the rules and regulations of the c Commission have been complied with and that the in same on give above is true and complete to the best of my knowledge and tell of . filed in compliance with RULE 1104. allowable list a newly drilled or despend to be accompanied by a tabulation of the deviation shell in accordance with RULE 111. leuts calastons in list

Vice President (Title)

August 8, 1975

And the second of the form must be filled out completely for allow-

Fill eucach Sactions I, II, III, and VI for changes of owner,

NO. OF COPIES RECE		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

- - - - -	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST F	NSERVATION COMMIS OR ALLOWABLE AND ASPORT OIL AND N		Form C-104 Supersedes Old Effective 1-1-69	C-104 and C-110 5
1.	OPERATOR PRORATION OFFICE Operator Llano, Inc. Address P. O. Drawer 1. Reason(s) for filing (Check proper box) New We!! Recompletion	320, Hobbs, New Mexico Change in Transporter of: Oil Dry Gas	Other (Please			
,	Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LILEASE Name	Casinghead Gas Condens EASE Well No. Pool Name, Including Fool	rmation	e October 1,		Lease No.
	Federal GR-4	1 Grama Ridge Mon		State, Federal or Fe	* Federal	NM058678
	Location F 2310	Feet From The North Line	2310	_ Feet From The	West	
	Unit Letter : 2323			_		County
	Line of Section 4 Town	nship 22-S Range 34	4-E , NMPM,	Lea		
m.	DESIGNATION OF TRANSPORTI	er of oil and natural GAS	S Address (Give address t	o which approved co	py of this form is	to be sent)
	Name of Authorized Transporter of Oil [Minerals, Inc. Name of Authorized Transporter of Cash	nghead Gas or Dry Gas	P. O. Drawer 1 Address (Give address t	320. Hobbs.	New Mexico	88240
		Unit Sec. Twp. Rge.	Is gas actually connecte	d? When		
	If well produces oil or liquids, give location of tanks.	on the same of the	7/11			
	If this production is commingled with	that from any other lease or pool,	give commingling order	number:		
IV.	Designate Type of Completion		New Well Workover	Deepen Pluc	g Back Same Re	s'v. Diff. Res'v.
	1	Date Compl. Ready to Prod.	Total Depth		3.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tub	oing Depth	
	Perforations			Dep	oth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECOR	D		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CE	MENT
		OR ALLOWARIE (Test must be a	fter recovery of total volu	me of load oil and π	nust be equal to or	exceed top allow-
V	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL OIL OF Tarks Date of Test Order of T					
	Date First New Oil Run To Tanks	Date of Test				
	Length of Test	Tubing Pressure	Casing Pressure	Ch	oke Size	
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Ga	is-MCF	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gr	avity of Condensa	te
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	;-in) Ch	noke Size	
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
	I hereby certify that the rules and r Commission have been complied w above is true and complete to the	regulations of the Oil Conservation	BY		·	
Grade L. Larly			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			

Vice President-Planning and Development (Title)

November 2, (Date)

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.

NO. OF COPIES RECEIVED				
DISTRIBUTIO				
SANTA FE				
FILE				
u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR			Ľ.	
		1	ı	

I.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE	REQUEST FO	NSERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Hobbs, New Mexico 8824 Change in Transporter of: Oil Dry Gas Casinghead Gas Condens Bettis, Boyle & Stovall,	Other (Please explain) Effective: Febru ate X	
11.	Unit Letter	1 Grama Ridge Mon D Feet From The North Line	rrow (Gas) State, Federal	ter Fee Federal NM058678 he West Lea County
III.	Line of Section 4 Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS		ed copy of this form is to be sent)
	To be determined Name of Authorized Transporter of Cas Phillips Petroleum If well produces oil or liquids, also location of tanks.	Corporation Unit Sec. Twp. Rge.	Address (Give address to which approved Room B-2, Phillips Bldg Is gas actually connected? Yes	g., Odessa, Texas 79760
IV	. COMPLETION DATA	th that from any other lease or pool,	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic	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
	Perforations			Depth Casing Shoe
			D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPIRSE	
				
,	V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a shie for this d	enth of be for full 24 hours)	and must be equal to or exceed top allou
	Oll. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bhis.	Water - Bbis.	Gas-MCF
	Vergal Erodi Samily			
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		ATION COMMISSION
•	VI. CERTIFICATE OF COMPLIA			g. Signed by
	I hereby certify that the rules an Commission have been complied above is true and complete to t	d regulations of the Oil Conservation I with and that the information giver the best of my knowledge and belief	n To	e D. Ram ey Lit. I, Sup v.
			11	

(Signature)

Vice President-Planning and Development February 16, 1973

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 multip

NO. OF COPIES REC	CEIVED
DISTRIBUTI	ION
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
IRANSPORTER	OIL G A S
OPERATOR	
PRORATION OF	FICE
Operator	
Bettis	, Boyle & S
Address	
Box 11	168, Graham,
- C (1)	
Keason(s) tor tiling	(Check proper box
Reason(s) for filing New Well	(Check proper box)
Ì	(Check proper box)
New Well	
New Well Recompletion	ip X rship give name
New Well Recompletion Change in Ownersh If change of owner and address of pre	rship give name
New Well Hecompletion Change in Cwnersh If change of owner and address of pre DESCRIPTION (Lease Name	rship give name vious owner
New Well Hecompletion Change in Ownersh If change of owner and address of pre	rship give name vious owner

Co-owner

(Title)

December 20, 1971

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

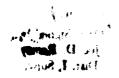
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	FILE U.S.G.S.	AUTHODIZATION TO TRA	AND NSPORT OIL AND NATURAL	GAS
	LAND OFFICE	- AUTHORIZATION TO TRA	1101 0101 012 1112 1111 1111	
	TRANSPORTER OIL	-		
	GAS OPERATOR			
I.	PRORATION OFFICE			
	Sperator Bettis, Boyle & S	tovall		
	Address			
	Box 1168, Graham, Reason(s) for filing (Check proper box	Texas 76046	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Ga	Effective Novel	mber 1, 1971
	Change in Gwnership 🔏	Casinghead Gas Conden	sate	
	If change of ownership give name and address of previous owner	Shell Otl Campony, Box	1509 Midl rd. Texas	79701
	•			
II.	DESCRIPTION OF WELL AND Lease Name	. Well No. Pool Nat	ne, Including Formation	Kind of Lease Federal
	Federal CR-4	1 Gram	a Ridge (Morrow Gas)	State, Federal or Fee NM 058678
	Location F 231	North Lin	2310	West
	Unit Letter;;	Feet From TheLin	e and Feet Fro	m. The
	Line of Section 4 , To	wnship 22-S Flange	34-% , NMPM,	Lea County
	DEGLES ATTOM OF TRANSPOR	TER OF OIL AND NATURAL GA	S	
111.	Name of Authorized Transporter of Oil	or Condensate 🔼	Address (Give address to which apple P.O. Box 980, Hobbs,	proved copy of this form is to be sent) New Mexico 88240
	Famariss Oil & Refin	ning Company	1	proved copy of this form is to be sent)
	Phillips Petroleum (Phillips Bldg., Odess	14, Texas 79760
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 4 22-S 37E		When 1966
		ith that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Flug Back Same Res'v. Diff. Res'v.
	Designate Type of Completi			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
	Pool	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	1 001			
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				'l' l' and har avail as an award top allow
V.	. TEST DATA AND REQUEST F OIL WELL	FOR ALLOWABLE. (Test must be a able for this de	spen of be joi just 24 hours)	oil and must be equal to or exceed top allow
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
				Gas-MCF
	Actual Prod. During Test	Oil-Bbls.	Water-Ebls.	GUSTINICI
	GAS WELL			Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/AfMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
			0000000	TAN COMMISSION
VI	ERTIFICATE OF COMPLIANCE			VATION COMMISSION
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED DEC	2 7 1971 , 19
	Commission have been complied	with and that the information given ne best of my knowledge and belief.	BY	Orig, Signal Sy., Joe D. Bush
			TITLE	Dist, I, Supv.
	11 /11			in compliance with RULE 1104.
	1/MMILLE	H. M. Bettis	To Albin in a manuact for a	Howable for a newly drilled or deepened
	(Sig	nature)	well, this form must be accord	mpanied 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 multiply



RECEIVED

į.

177221971

OIL CONSERVATION COMM.
HODGS, N. M.