SANTA FE

REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| U.S.G.S. AND OFFICE TRANSPORTER OIL GAS OPERATOR | AUTHORIZATION TO TE | RANSPORT OIL AND NATUR | AL GAS | | | | |
|---|--|---|---|--------|-------------------|------------------------|---|
| I. PRORATION OFFICE Operator | | | | | | | |
| Casing Pullers, Inc. | | | | | | | |
| c/o Oil Reports & Ga | s Services, Inc P.O. | Box 763 - Hobbs, New 1 | lexico 88240 | | | | |
| Reason(s) for filing (Check proper be | Ox) Change in Transporter of: | Other (Please explain) | | | | | |
| Recompletion | Oil Dry C | E-1 | Tective 6/1/72 | | | | |
| Change in Ownership X | | mpsny - Bartlesville. (| Oklahoma 74004 | | | | |
| II. DESCRIPTION OF WELL AND | | | | | | | |
| Lease Name | Well No. Fool Name, Including | | | | | | |
| Yates "A" Location | 4 N. San Simo | n - Yates State, Fe | ederal or Fee State E-1924 | | | | |
| Unit Letter B; 66 | O Feet From The North | ine and 1980 Feet F | rom The East | | | | |
| Line of Section 32 T | ownship 21 S Range | 35 E , NMPM, | Lea County | | | | |
| III. <u>DESIGNATION OF TRANSPO</u> | RTER OF OIL AND NATURAL O | <u>.</u> 43 | | | | | |
| Name of Authorized Transporter of O Permian Corporation | or Condensate | P.C. Box 1183, Hous | pproved copy of this form is to be sent) | | | | |
| Name of Authorized Transporter of C | asinghead Gas or Dry Gas | Address (Give address to which a | pproved copy of this form is to be sent) | | | | |
| Phillips Petroleum C | Unit Sec. Twp. Rge. | Bartlesville, Cklah Is gas actually connected? | oma 74004 When | | | | |
| If well produces oil or liquids, give location of tanks. | 0 29 218 35E | | 6/16/60 | | | | |
| If this production is commingled w IV. COMPLETION DATA | rith that from any other lease or pool, | , give commingling order number: | | | | | |
| Designate Type of Completi | ion - (X) | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Cil/Gas Pay | Tubing Depth | | | | |
| Perforations | | . 4 | Depth Casing Shoe | | | | |
| | | | Deptil Gusting Show | | | | |
| HOLE SIZE | TUBING, CASING, AN | D CEMENTING RECORD DEPTH SET | SACKS CEMENT | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| V. TEST DATA AND REQUEST F | OR ALLOWABLE (Test mer he able for this de | epth or be for full 24 hours, | oil and must be equal to or exceed top allow- | | | | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, ga | s lift, etc.) | | | | |
| Length of Test | Tubing Pressure | daing Pressure | Choke Size | | | | |
| Actual Prod. During Test | Oil-Bble. | Water-Bbls. | Gas - MCF | | | | |
| | | | | | | | |
| GAS WELL | | | | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-Ln) | Choke Size | | | | |
| /I. CERTIFICATE OF COMPLIAN | CE | OIL CONSER | VATION COMMISSION | | | | |
| | | APPROVED N | 1 1972 | | | | |
| I hereby certify that the rules and a Commission have been complied w | with and that the information , | i ! | Orig. Signed by 19 | | | | |
| above is true and complete to the best of my knowledge and heliaf. | | Dist. I, Supv. | | | | | |
| 16 | i | TITLE | | | | | |
| (Signature) Agent (Title) 5/31/72 | | 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. | | | | | |
| | | | | | 5/31/72 (Date) | | II. III, and VI for changes of owner, orter, or other such change of condition. |
| | | | | (Date) | | Separate Forms C-104 m | ust be filed for each pool in multiply |

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RECEIVED

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JUH 11972 OIL CONSERVATION COMM. HOBBS, N. M.