

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Alamogordo, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Cody Energy, Inc.	Well API No. 30-25-30956
Address 16825 Northchase Dr., Suite 1200, Houston, TX 77060-6080	
Reason(s) for Filing (Check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ Oil ☐ Dry Gas ☐ Change in Operator ☒ Completed Gas ☐ Condensate ☐	
If change of operator give name and address of previous operator Williams-Cody, Inc. (same as above)	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips State	Well No. 1	Pool Name, including Formation Osudo Morrow (Gas)	Kind of Lease State, Federal or Fee	Lease No. E-1921
Location Unit Letter 0 : 990 Feet From The South Line and 1980 Feet From The East Line Section 17 Township 21-S Range 35-E NMPM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

34019
9/11

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Phillips Petroleum Company Trucks	Address (Give address to which approved copy of this form is to be sent) Box 791, Midland, Texas 79702
Name of Authorized Transporter of Completed Gas ☐ or Dry Gas ☒ Phillips 66 Company GPM Gas Corp	Address (Give address to which approved copy of this form is to be sent) 924 Adams Bldg., Bartleville, OK 74004
If well produces oil or liquids, give location of label.	Unit Sec. Twp. Rge. Is gas actually connected? When?
0 17 21-S 35-E	Yes 12-18-90

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			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						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 test oil and must be equal to or exceed low allowable for this depth or be for full 24 hours.)

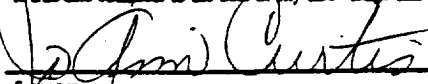
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flowing Method (pump, gas lift, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.


Signature
Jo Ann Curtis, Supervisor Prod./Regulatory
Printed Name
06-14-93 (713) 875-8701
Date Telephone No.

OIL CONSERVATION DIVISION

JUN 30 1993

Date Approved
By _____ Orig. Signed by
Paul Kautz
Geologist
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.