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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

HUBBS OFFICE, D. C. C.
 Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Wood, McShane & Thams - Colorado

Address
P. O. Box 968, Monahans, Texas 79756

Reason(s) for filing (Check proper box)

| | | | |
|---|---|-------------------------------------|----------------------------------|
| New Well <input type="checkbox"/> | Change in Transporter of: | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> | |
| Change in Ownership <input checked="" type="checkbox"/> | | | |

Other (Please explain)

If change of ownership give name and address of previous owner **Humble Oil & Refining Company Box 1600, Midland, Texas**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-------------------------|---|--|------------------------------|
| Lease Name New Mexico M State | Well No. 44 | Pool Name, Including Formation Langlie Mattix | Kind of Lease State, Federal or Fee State | Lease No. B-934 |
| Location | | | | |
| Unit Letter I | 1650 | Feet From The South | Line and 990 | Feet From The East |
| Line of Section 19 | Township 22-S | Range 37-E | , NMPM, Lea County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|---|---|-------------------|------------------------|---------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company | Address (Give address to which approved copy of this form is to be sent) Emice, New Mexico | | | |
| If well produces oil or liquids, give location of tanks. | Unit C | Sec. 29 | Twp. 22-S | Rge. 37-E |
| | Is gas actually connected? Yes | | When 5-28-61 | |

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 Restv. | Diff. Restv. |
| 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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | 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/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | 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.

Wood, McShane & Thams
 (Signature)
Partner
 (Title)
December 17, 1969
 (Date)

OIL CONSERVATION COMMISSION
DEC 23 1969
 APPROVED _____, 19____
 BY *John A. Ramsey*
 TITLE **SUPERVISOR DISTRICT 1**

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.