DISTRIBUTION NEW MEXICO OIL CONSERVATION COM ANTA FE HON Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65 LE **AND** .s.G.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Address Reason(s) for filing (Check proper box) Other (Please explain) : ew We!l Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease State, Federal or Fee Location Unit Letter_ _ Feet From The . Line and Line of Section Township Range , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Twp. Unit If well produces oil or liquids, give location of tanks. Rge. Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number: . COMPLETION DATA Gas Well Oil Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) 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 TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Choke Size Casing Pressure Actual Prod. During Test Oil-Bbls. Water - Bble. 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 OIL CONSERVATION COMMISSION

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.

(Signature)

(Title)

(Date)

UNGINAL SIGNED BY

H. S. WINSTON

APPROVED	
BY	Orin Signed by
	7
TITLE	

Lease No.

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. Senerate Forms C-104 must be filed for each most in multiple