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

|      | DISTRIBUTION   | NEW MEXICO OIL C   | CONSERVATION COMMISSION   | Form C-104   |
|------|--|--|---|--|
|      | SANTA FE   | REQUEST  | CONSERVATION COMMISSION<br>FOR ALLOWABLE FICE O. C. (   | Supersedes Old C-104 and C-116   |
|      | FILE   |  | AND   | Effective 1-1-65   |
|      | U.S.G.S.   | AUTHORIZATION TO TRA   | ANSPORTAMIL SAND NASURALER  | DA C   |
|      | LAND OFFICE  |  | Outstand and his O office   | <b>T</b>   |
|      | TRANSPORTER OIL  | ]  | 4   |  |
|      | GAS  | ]  |   |  |
|      | OPERATOR   | ]  |   |  |
| 1.   | PRORATION OFFICE   | 1  |   |  |
|      | Operator   |  |   |  |
|      | SOLAR OIL COMPANY  |  |   |  |
|      | Address  |  |   |  |
|      |  | and, Texas   |   |  |
|      | Reason(s) for filing (Check proper box   | )  | Other (Please explain)  |  |
|      | New Well   | Change in Transporter of:  |   |  |
|      | Recompletion   | Oil X Dry Ga   | ıs 🔲  |  |
|      | Change in Ownership  | Casinghead Gas Conder  | nsate   |  |
|      | If change of ownership give name   |  |   |  |
|      | If change of ownership give name and address of previous owner   |  |   |  |
|      |  |  |   | . ^  |
| II.  | DESCRIPTION OF WELL AND  |  |   | · a  |
|      | Lease Name   | Well No. Pool Name, Including Fo   | 1   | 2000   |
|      | McCallister  | 1 Drinkard   | State, Federa   | or Fee   |
|      | Location   |  |   |  |
|      | Unit Letter C ; 66   | OFeet From TheNorthLin   | se and 1980 Feet From 1   | he West  |
|      | İ  |  |   |  |
|      | Line of Section 7 Tow  | vnship 22-S Range 38   | -E , NMPM, Lea  | County   |
|      |  |  |   |  |
| III. | DESIGNATION OF TRANSPORT   |  |   |  |
|      | Name of Authorized Transporter of Oil  | or Condensate  | Address (Give address to which approv   | ed copy of this form is to be sent)  |
|      | Admiral Crude Oil  |  | P. O. Box 1713  |  |
|      | Name of Authorized Transporter of Cas  | singhead Gas or Dry Gas  | Address (Give address to which approx   | ed copy of this form is to be sent)  |
|      | Skelly Oil Company   | <del></del>  | Box 730 Hobbs, New Me   |  |
|      | If well produces oil or liquids,   | Unit Sec. Twp. Rge.  | Is gas actually connected?  | n l  |
|      | give location of tanks.  | C 7 22-S 38-E  | <u> </u>  |  |
|      | If this production is commingled with  | th that from any other lease or pool,  | give commingling order number:  |  |
| IV.  | COMPLETION DATA  |  | *******   |  |
|      | Designate Type of Completic  | 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  |
|      |  |  |   |  |
|      |  |  | CEMENTING RECORD  |  |
|      | HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET   | SACKS CEMENT   |
|      |  |  |   |  |
|      |  |  |   |  |
|      |  |  |   |  |
|      | 1  |  |   |  |
| 18.7 |  |  |   |  |
| ₩.   | TEST DATA AND REQUEST FO   | OR ALLOWABLE (Test must be a   |   | and must be equal to or exceed top allow-  |
| ₩.   | OIL WELL   | able for this <del>de</del>  | pth or be for full 24 hours)  |  |
| ₩.   |  | OR ALLOWABLE (Test must be a) able for this de   |   |  |
| ₩.   | OIL WELL Date First New Oil Run To Tanks   | able for this de   | pth or be for full 24 hours) Producing Method (Flow, pump, gas lif  | i, etc.)   |
| ₩.   | OIL WELL   | able for this <del>de</del>  | pth or be for full 24 hours)  |  |
| ٧.   | OIL WELL  Date First New Oil Run To Tanks  Length of Test  | able for this de   | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif  Casing Pressure  | Choke Size   |
| ٧.   | OIL WELL Date First New Oil Run To Tanks   | able for this de   | pth or be for full 24 hours) Producing Method (Flow, pump, gas lif  | i, etc.)   |
| ٧.   | OIL WELL  Date First New Oil Run To Tanks  Length of Test  | able for this de   | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif  Casing Pressure  | Choke Size   |
| ٧.   | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  | able for this de   | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif  Casing Pressure  | Choke Size   |
| ٧.   | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  | able for this de  Date of Test  Tubing Pressure  Oil-Bbls.   | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif  Casing Pressure  Water-Bbls.   | Choke Size   |
| ٧.   | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  | able for this de   | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif  Casing Pressure  | Choke Size   |
| ٧.   | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D   | able for this de Date of Test  Tubing Pressure  Oil-Bbls.  | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  | Choke Size  Gas-MCF  Gravity of Condensate   |
| ٧.   | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  | able for this de  Date of Test  Tubing Pressure  Oil-Bbls.   | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif  Casing Pressure  Water-Bbls.   | Choke Size   |
|      | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)   | able for this de  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (shut-in)  | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  | Choke Size  Gas-MCF  Gravity of Condensate  Choke Size   |
|      | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D   | able for this de  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (shut-in)  | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  | Choke Size  Gas-MCF  Gravity of Condensate   |
|      | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)   | able for this de  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (shut-in)  | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSERVA   | Choke Size  Gas-MCF  Gravity of Condensate  Choke Size  TION COMMISSION  |
|      | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and the sules and the sules are supplied to the supplied to the sules are s | able for this de Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure (Shut-in) CE regulations of the Oil Conservation  | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lif)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  | Choke Size  Gas-MCF  Gravity of Condensate  Choke Size   |
|      | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE Commission have been complied we   | able for this de  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (shut-in)  CE  egulations of the Oil Conservation with and that the information given                                  | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSERVA   | Choke Size  Gas-MCF  Gravity of Condensate  Choke Size  TION COMMISSION  |
|      | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and the sules and the sules are supplied to the supplied to the sules are s | able for this de  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (shut-in)  CE  egulations of the Oil Conservation with and that the information given                                  | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift)  Casing Pressure  Water-Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSERVA  APPROVED   | Choke Size  Gas-MCF  Gravity of Condensate  Choke Size  TION COMMISSION  |
|      | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE Commission have been complied we   | able for this de  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (shut-in)  CE  egulations of the Oil Conservation with and that the information given                                  | pth or be for full 24 hours)  Producing Method (Flow, pump, gas lift)  Casing Pressure  Water-Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSERVA  APPROVED   | Choke Size  Gas-MCF  Gravity of Condensate  Choke Size  TION COMMISSION  |
|      | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE Commission have been complied we   | able for this de  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (shut-in)  CE  egulations of the Oil Conservation with and that the information given                                  | Producing Method (Flow, pump, gas life Casing Pressure  Water-Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSERVA  APPROVED  BY   | Choke Size  Gas-MCF  Gravity of Condensate  Choke Size  TION COMMISSION  |
|      | OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE Commission have been complied we   | able for this de  Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (shut-in)  CE  egulations of the Oil Conservation with and that the information given                                  | Producing Method (Flow, pump, gas lifted in control of this is a request for allow  | Choke Size  Gas-MCF  Gravity of Condensate  Choke Size  TION COMMISSION  ompliance with RULE 1104.  able for a newly drilled or deepened   |
|      | Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANC  I hereby certify that the rules and a commission have been complied we above is true and complete to the   | able for this de Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given best of my knowledge and belief. | Producing Method (Flow, pump, gas lift Casing Pressure  Water-Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSERVA  APPROVED  By  Title  This form is to be filed in casing the sign of the sign | Choke Size  Gravity of Condensate  Choke Size  TION COMMISSION  ompliance with RULE 1104.  able for a newly drilled or deepened lied by a tabulation of the deviation  |
|      | Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANC  I hereby certify that the rules and a complete to the  | able for this de Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given best of my knowledge and belief. | Producing Method (Flow, pump, gas lifted in control of this is a request for allow well, this form must be accompatted to the control of this is a request for allow well, this form must be accompatted to the control of the control | Choke Size  Gas-MCF  Gravity of Condensate  Choke Size  TION COMMISSION  ompliance with RULE 1104.  able for a newly drilled or deepened nied by a tabulation of the deviation dance with RULE 111.                                |
|      | Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANC  I hereby certify that the rules and a commission have been complied we above is true and complete to the   | able for this de Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given best of my knowledge and belief. | Producing Method (Flow, pump, gas lifted in control of this is a request for allow well, this form must be accompatted to the control of this is a request for allow well, this form must be accompatted to the control of the control | Choke Size  Gravity of Condensate  Choke Size  TION COMMISSION  ompliance with RULE 1104.  able for a newly drilled or deepened nied by a tabulation of the deviation dance with RULE 111.  at he filled out completely for allow- |

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

(Date)

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| LAND OFFICE            |     |  |   |
| IRANSPORTER            | OIL |  | · |
|                        | GAS |  |   |
| OPERATOR               |     |  |   |

Production Clerk

November 15, 1968 (Date)

(Title)

## NEW MEXICO OIL CONSERVATION COMMISSION

| SANTA FE  | REQUEST  | FOR ALLOWABLE  | Supersedes Old C-104 and C-11  |
|---|--|--|--|
| FILE  |  | AND  | Effective 1-1-65   |
| U.S.G.S.  | AUTHORIZATION TO TRA   | INSPORT OIL AND NATURAL O  | GAS  |
| Ou  | -  |  |  |
| IRANSPORTER GAS                                       | ·  |  |  |
| OPERATOR  | <del>-</del>   |  |  |
| PRORATION OFFICE                                      | <b>–</b>   |  |  |
| Operator  |  |  |  |
| SOLAR OIL COMPANY                                     | ·  |  |  |
| Address   |  |  |  |
| P. O. BOX 5114, MIDI                                  | AND, TEXAS 79701   |  |  |
| Reason(s) for filing (Check proper bo                 |  | Other (Please explain)   |  |
| Recompletion  | Change in Transporter of: Oil Dry Ga   |  |  |
| Change In Ownership                                   | Oil Dry Ga Casinghead Gas Conder   | Fi I   |  |
|   | Standard CES Conde   |  | <del></del>  |
| If change of ownership give name                      | and the state of t |  | / / 7  |
| and address of previous owner                         | 7  |  | 1.   |
| DESCRIPTION OF WELL AND                               | LEASE  | ·  |  |
| Lease Name  | Well No. Pool Name, Including F  | ormation Kind of Lease   | e Lease No.  |
| McCallister   | 1 Drinkard   | State, Federa  | il or Fee Fee  |
| Location  |  | *  |  |
| Unit Letter C ;                                       | 660 Feet From The North Lin  | e and 1980 Feet From   | The West   |
|   | 22.0   | 20 E   | Ton  |
| Line of Section / T                                   | ownship 22-S Range   | 38-Е , ммрм,   | Lea County   |
| DESIGNATION OF TRANSPOR                               | RTER OF OIL AND NATURAL GA   | .c   |  |
| Name of Authorized Transporter of O                   |  | Address (Give address to which appro-  | ved copy of this form is to be sent)   |
| PERMIAN CORPORATION                                   | <del>-</del>   | BOX 3119, Midland, Tex   |  |
| Name of Authorized Transporter of C                   |  | Address (Give address to which appro-  |  |
|   |  |  | ,  |
| If well produces oil or liquids,                      | Unit Sec. Twp. P.ge.   | Is gas actually connected? Who   | en   |
| give location of tanks.                               | C 7 22-S 38-E  |  |  |
| If this production is commingled w                    | with that from any other lease or pool,  | give commingling order number:   |  |
| COMPLETION DATA                                       |  | Bro committee or an industry   |  |
| Designate Type of Complet                             | Oil Well Gas Well  | New Well Workover Deepen   | Plug Back   Same Restv. Diff. Restv  |
|   | <u>ı X</u>   | X  | t t t  |
| Date Spudded  | Date Compl. Ready to Prod.   | Total Depth  | P.B.T.D.   |
| 8-14-68   | 9-10-68 Name of Producing Formation  | 7300'  | 7249'  |
| Elevations (DF, RKB, RT, GR, etc.)                    | į –  | Top Oil/Gas Pay  | Tubing Depth 6837  |
| GR - 3347.3   | Drinkard   | 6483   | Depth Casing Shoe  |
|   | 64.01 1  |  | 7300'  |
| 6859'-6656', 6627'-6                                  |  | CEMENTING RECORD   |  |
| HOLE SIZE   | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT   |
| 13-3/4"   | 10-3/4"  | 850'   | 400 sx.  |
| 9-3/4"  | 7-5/8"   | 7300'  | 935 sx.  |
|   | 2-3/8" EUE   | 6837'  | 222 24.  |
|   | 2-3/8" EUE   | 7108'  |  |
| TEST DATA AND REQUEST I                               | FOR ALLOWABLE (Test must be a  |  | and must be equal to or exceed top allow                                       |
| OIL WELL  | able for this de   | pth or be for full 24 hours)   |  |
| Date First New Oil Run To Tanks                       | Date of Test   | Producing Method (Flow, pump, gas li   | ft, etc.)  |
| 10-5-68   | 10-23-68   | Pump   |  |
| Length of Test  | Tubing Pressure  | Casing Pressure  | Choke Size   |
| 24 hrs.   | OU. Phile  | Wester Dhie  | Gar-NCE  |
| Actual Prod. During Test                              | Oil-Bbls.  | Water-Bbls.  | Gas-MCF  |
| 203   | 123  | 80   | 214  |
| CAC WELL  |  |  |  |
| GAS WELL Actual Prod. Test-MCF/D                      | Length of Test   | Bbls. Condensate/MMCF  | Gravity of Condensate  |
|   |  | The state of the s |  |
| Testing Method (pitot, back pr.)                      | Tubing Pressure (Shut-in )   | Casing Pressure (Shut-in)  | Choke Size   |
|   |  |  |  |
| CERTIFICATE OF COMPLIAN                               | NCE  | OIL CONSERVA   | TION COMMISSION  |
| CENTIFICATE OF COMPLIAN                               | 10 <u>2</u>  |  |  |
| I hereby cartify that the sules and                   | regulations of the Oil Conservation  | APPROVED   | , 19   |
| Commission have been complied                         | with and that the information given  | tall tall  | 2.00   |
| above is true and complete to the                     | ne beat of my knowledge and belief.  | BY A   | me y   |
|   |  | TYPLE  | 0710   |
| $\mathbf{r}_{\mathbf{q}}$ . $\mathbf{r}_{\mathbf{q}}$ |  |  |  |
| 1/1/2 -tour   | A R  | 11   | compliance with RULE 1104.   |
|   | nature)  | If this is a request for allow well, this form must be accompa   | vable for a newly drilled or deepened<br>nied by a tabulation of the deviation |
| 1012  | ·  | the second contract the se | ÷  |

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.

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| LAND OFFICE       |       |          |      |
| TRANSPORTER       | OIL   |          |      |
|                   | GAS   |          |      |
| OPERATOR          |       |          |      |
| PRORATION OFFICE  |       | <u> </u> |      |
| Operator          |       |          |      |
| SOLA              | R OIL | CO       | MPAI |
| Address           |       |          |      |

|                              | DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR   | REQUEST I   | ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G      | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-88                   |
|------------------------------|--|---|--|--|
| 1.                           | PRORATION OFFICE Operator  |   | · · · · · · · · · · · · · · · · · · ·                                  |  |
|                              | SOLAR OIL COMPA  | NY  |  |  |
|                              | P. O. Box 5596   | Midland, Texas  |  |  |
|                              | Reason(s) for filing (Check proper box)  | Change in Transporter of:                             | Other (Please explain)   | 74   |
|                              | Recompletion   | Oil Dry Gae   | · 🔲  |  |
|                              | Change in Ownership  | Casinghead Gas X Conden                               | sate   |  |
|                              | If change of ownership give name and address of previous owner   |   |  |  |
|                              | DESCRIPTION OF WELL AND  | LEASE   |  |  |
|                              | Lease Name  McCallister  | Well No. Pool Name, Including Fo                      | la   |  |
|                              | Location   | 1 Undesignated  | Drinkard James, Factor   | Fee Fee  |
|                              | Unit Letter C;   | Feet From The 660 Line                                | e and North Feet From  | The West   |
|                              | Line of Section 7 Tow  | mship 22-S Range 3                                    | 8-E , NMPM, Lea  | County   |
|                              |  |   |  | ·  |
| III.                         | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil   | rer of oil and natural ga  or Condensate □            | S Address (Give address to which appro-                                | ved copy of this form is to be sent)   |
|                              | Admiral Crude O  |   | P. O. Box 1713 Midls<br>Address (Give address to which appro-          | and Texas  |
|                              | Skelly Oil Compa   | <del></del>   | Box 730 Hobbs New  | į  |
|                              | If well produces oil or liquids,   | Unit Sec. Twp. Rgs.                                   | Is gas actually connected? Who   |  |
|                              | give location of tanks.  | C 7 22-S:38-E th that from any other lease or pool, ( | due completing order number  |  |
|                              | COMPLETION DATA  | Oil Well Gas Well                                     | New Well Workover Deepen   | Plug Back   Same Ree'v.   Diff. Ree'v.                                       |
|                              | Designate Type of Completio  |   | New well workover Deepen   | Plug Back Same Ree-v. Ditt. Ree-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  |
|                              |  |   | ,  | :  |
|                              | VA. 5 4135   | Y   | CEMENTING RECORD DEPTH SET   | SACKS CEMENT   |
|                              | HOLE SIZE  | CASING & TUBING SIZE                                  | DEFIN SET  | SACKS CEMENT   |
|                              |  |   |  |  |
|                              |  |   |  |  |
| V.                           | TEST DATA AND REQUEST FO   | OR ALLOWABLE (Test must be at able for this de        | fter recovery of total volume of load oil pth or be for full 24 hours) | and must be equal to or exceed top allow-                                    |
|                              | OIL WELL Date First New Oil Run To Tanks   | Date of Test  | Producing Method (Flow, pump, gas li                                   | ft, etc.)  |
|                              | Length of Test   | Tubing Pressure                                       | Casing Pressure  | Choke Size   |
|                              |  | ·   |  |  |
|                              | Actual Prod. During Test   | Oil - Bble.   | Water - Bble.  | Gas - MCF  |
|                              | I  | 1   | <u> </u>   |  |
|                              | GAS WELL Actual Prod. Test-MCF/D   | Length of Test  | Bbls, Condensate/MMCF  | Gravity of Condensate  |
|                              |  |   |  |  |
| •                            | Teeting Method (pitot, back pr.)   | Tubing Pressure (Shut-in)                             | Casing Pressure (Shut-in)  | Choke Size   |
| VI.                          | CERTIFICATE OF COMPLIAN  | CE  |  | ATION 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. |   | APPROVED APP   | 1969<br>2017   |
|                              | $\mathcal{A}_{i}$ , $\mathcal{A}_{i}$  | 7/  | This form is to be filed in  | compliance with RULE 1104.   |
|                              | 111 / s Im   | e l /i  | If this is a request for allow   | wable for a newly drilled or deepened inled by a tabulation of the deviation |
| (Signature) Production Clerk |  |   | tests taken on the well in acco  | rdance with RULE 111.  |

(Tile) March 4, 1969 (Date)

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportes or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply