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| HANSFORIER | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

| <u> </u> | DISTRIBUTION ' SANTA FE FILE U.S.G.S. | REQUEST F | ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | |
|----------|--|--|--|--|--|
| I. | TRANSPORTER OIL OPERATOR PRORATION OFFICE | | | | |
| | Operator Imperial-American Manag | ement Company | | | |
| | Address | lding, Midland, Texas 7 | 9701 | | |
| | Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership | Change in Transporter of: Oil Dry Gas Casinghead Gas Condens | Other (Please explain) | llowable of 371 barrels | |
| | If change of ownership give name and address of previous owner | | | | |
| n. | DESCRIPTION OF WELL AND I | _EASF. | rmation Kind of Leas | 1 and No | |
| , | Lease Name Sims Federal | Well No. Pool Name, Including Fo 2 Drinkard | State, Federa | | |
| | Location Unit Letter G ; 1980 | Feet From The North Line | and 1980 Feet From | The East | |
| | 7 | mship 22-S Range | 38-E , NMPM, | Lea County | |
| | | | | | |
| III. | Name of Authorized Transporter of Oil | TER OF OIL AND NATURAL GAS or Condensate | Address (Give daaress to which appro | | |
| | The Permian Corporation Name of Authorized Transporter of Cas None | inghead Gas or Dry Gas | Box 3119, Midland, Texa Address (Give address to which appro | ved copy of this form is to be sent) | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | Is gas actually connected? Wh | en | |
| 737 | If this production is commingled wit | h that from any other lease or pool, | give commingling order number: | | |
| 17. | Designate Type of Completion | on - (X) 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 | Perforations Depth Casing Shoe | | | |
| | | | CEMENTING RECORD | AAGVC CEUENZ | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | | |
| | | OD ALLOWARDS E. C. | for recovery of total volume of load oil | and must be equal to or exceed top allow- | |
| V. | TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Other Test must be after recovery of total volume of load oil and must be equal to or exceed top allowed able for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) | | | | |
| | | | Casing Pressure | Choke Size | |
| | Length of Test | Tubing Pressure | | Gas-MCF | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gds • MCr | |
| | | | | | |
| | 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-in) | Choke Size | |
| VI. | CERTIFICATE OF COMPLIAN | CE | DIL CONSERV | ATION COMMISSION | |
| | The state of the s | regulations of the Oil Conservation | APPROVED | , 19 | |
| | 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. | | BY_ | Muly | |
| | | | TITLE | | |
| | | | This form is to be filed in | compliance with RULE 1104. | |

| of the same | |
|---------------------------|--|
| (Signature) | |
| Operations Superintendent | |
| (Title) | |

August 12, 1970

(Date)

Inis form is to be fried 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 is multiply

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

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| OPERATOR | | | |
| PRORATION OFFICE | | l | l |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

| Form C-104 | |
|------------------------------|----|
| Supersedes Old C-104 and C-1 | 10 |
| Effective 1-1-65 | |
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| | |

| ⊢ | SANTA FE | | AND | Effective 1-1-6\$ | |
|----------|---|--|--|---|--|
| - | FILE U.S.G.S. | | SPORT OIL AND NATURAL GAS | S | |
| <u> </u> | LAND OFFICE | 70 110111211110111 | • | | |
| | TRANSPORTER OIL | | | | |
| L | GAS | | | | |
| - | OPERATOR | | | | |
| ۱. | PRORATION OFFICE | | | | |
| 1 | Imperial-American Ma | nagement Company | | | |
| t | Address | | 70701 | | |
| | 507 Midland Savings | Bldg., Midland, Texas | 79701. Other (Please explain) | | |
| - 1 | Reason(s) for filing (Check proper box) New Well | Change in Transporter of: | | • | |
| 1 | Recompletion | Oil Dry Gas | Request Testing | Allowable of 385 Bbls | |
| | Change in Ownership | Casinghead Gas Condensa | ite Neques 101 state | | |
| | f change of ownership give name | | | | |
| | and address of previous owner | | | | |
| | DESCRIPTION OF WELL AND L | EASE | Kind of Lease | Lease No. | |
| 14. | Lease Name | Well No. Pool Name, Including Form | nation | or Fee Federal NM029029-B | |
| | Sims Federal | 2 Blinebry | | rederar monyony 2 | |
| | Location G 1980 | Feet From The North Line | and 1980 Feet From Th | East | |
| | Unit Letter G : 1980 | Feet From The 1102 022 Line | | 1 | |
| | Line of Section 7 Town | nship 22-S Range | 38-E , NMPM, I | Jea County | |
| 1 | | | | | |
| II. | DESIGNATION OF TRANSPORT | or Condensate | Address (Give address to which approve | ed copy of this form is to be sent) | |
| | Name of Authorized Transporter of Oil The Permian Corp. | <u> </u> | non 2310 Midland Tex | 79701 | |
| | Name of Authorized Transporter of Casi | Inghead Gas or Dry Gas | Address (Give address to which approve | ea copy of this form is to be sent/ | |
| | None | | Is gas actually connected? When | | |
| | If well produces oil or liquids, | Onit Seci | is gas actuary commons. | | |
| | give location of tanks. | B/G 7 22-S 38-E | ine commingling order number: | | |
| | If this production is commingled with | h that from any other lease or pool, g | | Plug Back Same Res'v. Diff. Res'v. | |
| IV. | COMPLETION DATA | OII WOII | New Well Workover Deepen | Plug Back Same Resty. Dill. Resty. | |
| | Designate Type of Completio | n – (X) | Total Depth | P.B.T.D. | |
| | Date Spudded | Date Compl. Ready to Prod. | . Star Dop | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Otl/Gas Pay | Tubing Depth | |
| | Lievations (Dr., ARB, R1, OR, etc.) | | | Depth Casing Shoe | |
| | Perforations | | | | |
| | | TURING CASING AND | CEMENTING RECORD | | |
| | | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | HOLE SIZE | | | | |
| | | | | | |
| | | | | | |
| | | AT TOWART F. (Toss must be as | les recovery of total volume of load oil | and must be equal to or exceed top allow- | |
| V | TEST DATA AND REQUEST F | able for this de | pth or be for full 24 hours) Producing Method (Flow, pump, gas li | | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | | |
| | | | Casing Pressure | Choke Size | |
| | Length of Test | Tubing Pressure | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bbis. | Gas-MCF | |
| | Weiner Lines Parisid | | | | |
| | | <u> </u> | | | |
| | GAS WELL | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| | Actual Prod. Test-MCF/D | Paudiu or tan | | Chales Stra | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| | | | All COVICEDY | ATION COMMISSION | |
| v | I. CERTIFICATE OF COMPLIAN | NCE | OIL CONSERV | 370 | |
| • | 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) Operations Superintendent (Title) | | APPROVED | <i>(</i>) | |
| | | | | unyan | |
| | | | BY | 0 | |
| | | | TITLE BASIONS | | |
| | | | | compliance with RULE 1104. | |
| | | | If this is a request for allowable for a newly drilled or despendent | | |
| | | | | ordance with RULE 111. must be filled out completely for allow | |
| | | | | | |
| | - | 0-70 | Fill out only Sections I. II. III, and VI for change of condition | | |
| | | Date) | | Separate Forms C-104 must be filed for each pool in multiply | |
| | | | completed wells. | | |
| | | | | | |

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ANO - 12 1970
OIL CONSERVATION COMM.
HOBBS, N. M.