

U.S.G.S.
LAND OFFICE
TRANSPORTER OIL
GAS
OPERATOR
PRORATION OFFICE

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

Operator
Armer Oil Company
Address
2110 Continental National Bank Bldg., Ft. Worth, Texas 76102
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) CASINGHEAD GAS MUST NOT BE
FILED AFTER 3/19/74
TIME OF FILING TO 1-1070
IN OIL FIELD

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------------|
| Lease Name Fluor | Well No. 3 | Pool Name, including Formation Langlie-Mattix Seven Rivers | Kind of Lease State, Federal or Fee Fee | Lease No. -- |
| Location Unit Letter K 2310 Feet From The South Line and 1650 Feet From The West Line of Section 35 Township 22S Range 37E, 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) P. O. Box 1510, Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> -- | Address (Give address to which approved copy of this form is to be sent) -- | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 35 | Twp. 22S | Rge. 37E | Is gas actually connected? No | When -- |

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 <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 12-14-73 | Date Compl. Ready to Prod. 12-30-73 | | Total Depth 3658' RKB | | P.B.T.D. Not plugged back | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3315' GR 3325' RKB | Name of Producing Formation Penrose Sand | | Top Oil/Gas Pay 3638' RKB | | Tubing Depth SN @ 3592' RKB | | | |
| Perforations None - open hole 3638-58' RKB | | | | | Depth Casing Shoe 3638' RKB | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8-5/8" OD 20#, new | | 384' RKB | | 175 sxs Class C w/2% Ca | | | |
| 7-7/8" | 5-1/2" OD, 14#, 15.5#, 3638' RKB on full & 17#, new | | flow pkr. shoe | | (150 sxs Class C w/4% Ca (200 sxs Class H w/10# (sd., 5# salt, 1% CFR-2 per sx. | | | |
| | 2-3/8" OD | | SN @ 3592' RKB | | | | | |

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)

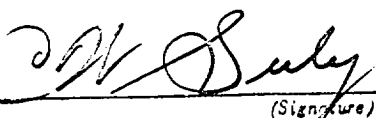
| | | | |
|---|-------------------------|--|-----------------------|
| Date First New Oil Run To Tanks 1-19-74 | Date of Test 1-20-74 | Producing Method (Flow, pump, gas lift, etc.) Pump w/1-1/2" tbg. pump | |
| Length of Test 24 hrs. | Tubing Pressure -- | Casing Pressure -- | Choke Size -- |
| Actual Prod. During Test 232 bbls. fluid | Oil-Bbls. 82 | Water-Bbls. 150 | Gas-MCF 120 (est.) |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.


(Signature)

Production Manager

(Title)

1-29-74

(Date)

OIL CONSERVATION COMMISSION

APPROVED

, 19

BY

TITLE

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.