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u.s.g.s.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

}	SANTA FE		REQUEST		OWABLE		Supersede Effective	es Old C-104 and C-11(1-1-65	
}	U.S.G.S.	AUTUOD	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
• }	LAND OFFICE	AUTHUR	IZATION TO TRA	ANSPURI	OIL AND	NATURAL	GAS		
1	OIL								
	TRANSPORTER GAS								
	OPERATOR								
1.	PRORATION OFFICE		<u> </u>						
	Operator ARGUS PRODUCTION	COMPANY							
	Address								
	3313 Republic National Bank Tower, Pallas, Texas 75201								
	Reason(s) for filing (Check proper b	ox)			Other (Pleas	e explain)			
	New Well	Change in T	Transporter of:						
	Recompletion	Oil	Dry Go	rs 🔲					
	Change in Ownership	Casinghead							
•			cott & First		1 Benk	n Dallas	, Trustee un	der will of	
	If change of ownership give name and address of previous owner	Paul P. Sc	ott, Dallas,	Texas					
11.	DESCRIPTION OF WELL AN Lease Name	Well No. F	ool Name, Including F	ormation		Kind of Leas	se	Lease No.	
	E. C. Mosley	1 14	Imet Yates 7	Rivers	Tens!!!	State, Feder	al or Fee Fe.C	P102436	
	Location					J		1	
	Unit Letter ;;	990 Feet From	The South	ne and	990	Feet From	The East		
	Line of Section 10	Township 24 S	Range	36 E	, NMPI	м,	Lea	County	
Ш.	DESIGNATION OF TRANSPO	RTER OF OIL A	ND NATURAL GA	AS	~ina add=aas	to which appr	oved copy of this for	m is to be sent)	
	Name of Authorized Transporter of C Shell Pipe Line Corp		densate	1		isten. Te			
	Name of Authorized Transporter of		or Dry Gas				oved copy of this for	m is to be sent)	
	Name of Admortzed fidiaporter of	Cabinginada Gao	o. 21) o.a					,	
		Unit Sec.	Twp. Fige.	Is gas act	ually connec	ted? W	hen		
	If well produces oil or liquids, give location of tanks.	P 10	24S 36E						
	If this production is commingled	with that from any	other lease or pool	give comm	ingling orde	er number:			
	COMPLETION DATA	with that from any	other rease or poor,	grve comm	inging ord				
			Well Gas Well	New Well	Workover	Deepen	Plug Back Sam	ne Res'v. Diff. Res'v.	
	Designate Type of Comple		<u> </u>	 				1	
	Date Spudded	Date Compl. Re	ady to Prod.	Total Dep	th		P.B.T.D.		
_	DI W VDD DWD OD	Name of Produc	Ing Formation	Top Oil/G	as Day		Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.	Name of Produc	ing remarion	1000.170	ids (-d)		, azıng zepin		
	Perforations			1			Depth Casing Sh	ce	
	Perforditions								
		TL	IBING, CASING, AN	D CEMENT	ING RECO	RD			
	HOLE SIZE		& TUBING SIZE		DEPTH S		SACKS	CEMENT	
						<u></u>			
				<u> i </u>			i		
V.	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 allow able for this depth or be for full 24 hours)								
	OIL WELL Date First New Oil Run To Tanks	Date of Tast	aote jor this a			w, pump, gas	lift, etc.)		
	Date First New Oil Aun 10 1unks	dnks Date of Tast							
	Length of Test	Tubing Pressur		Casing Pr	essure		Choke Size		
	Actual Prod. During Test	Oil-Bbis.		Water - Bb.	ls.		Gas-MCF		
	\ <u></u>								
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Con	densate/MM	CF	Gravity of Conde	ensate	
					4.65-	<u> </u>	Chaka Siza		
	Testing Method (pitot, back pr.)	Tubing Pressur	o(Shut-in)	Casing Pr	essure (Shu	t-1n)	Choke Size		
				1					
VI.	CERTIFICATE OF COMPLIA	ANCE			OIL	CONSERV	ATION COMMI	SSION	
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given		APPR	APPROVED , 19					
			111				•		
	above is true and complete to	the best of my kr	owledge and belief.	BY_		<u> </u>			
	-								
	· .	٠		TITLE				-4	
NX) (X / 1// L /			$U_{\lambda}(\cdot)$		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
				11 11 1	hia farm mu	at he accome	anied by a tabula	tion of the deviation	
	(Signature) Pres ident			tests t	aken on the	well in acc	ordance with RUL	E 111.	
		(Title)		Al	l sections	of this form necompleted	nust be filled out over	completely for allow-	
	Janua.	ry 19, 1968						r changes of owner,	
	A 251 1 A 2			11 6.1			41.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	shares of condition	

(Date)

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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n Politika ja televis (k. 1997) and Targett and the