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| FILE | | |
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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | | |
|--|---|-------------------------------------|
| Operator Welfson Oil Co. | | |
| Address 3206 Republic Bank Tower Dallas, Texas | | |
| Reason(s) for filing (Check proper box) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | Other (Please explain) |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |
| | | Effective 1-1-71 |

If change of ownership give name and address of previous owner **Penree Oil Corp.** **Box 1031** **Midland, Texas**

| | | | | | |
|------------------------------------|---------------------|----------------------------|--|--|-----------|
| Lease Name Cline-Federal | | Well No. 3 | Pool Name, Including Formation Langlie-Mattix 7 Rivers | Kind of Lease State, Federal or Fee Federal NM Oil 1096 | Lease No. |
| Location | | | | | |
| Unit Letter D | 990 | Feet From The North | Line and 330 | Feet From The West | |
| Line of Section 15 | Township 23S | Range 37E | , NMPM, Lea | | County |

| | | | | | |
|---|------------------|-------------------|--|--------------------|--|
| 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 | | | Address (Give address to which approved copy of this form is to be sent) Box 1510 Midland, Texas | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co. | | | Address (Give address to which approved copy of this form is to be sent) Box 1135 Eunice, New Mexico | | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 15 | Twp. 23S | Rge. 37E | Is gas actually connected? When Yes Unknown |

If this production is commingled with that from any other lease or pool, give commingling order number:

| | | | | | | | | | |
|--|--|-----------------------------|--|-----------------|--|-------------------|--|--|--|
| COMPLETION DATA | | | | | | | | | |
| Designate Type of Completion - (X) | | | | | | | | | |
| <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> 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 | | | |

| | | | |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

| | | | |
|--|-----------------|---|------------|
| 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | 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 |

CERTIFICATE OF COMPLIANCE

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.

H. H. Freedman
(Signature)

Prod. Eng.
(Title)

1-15-71
(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.

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JAN 10 1971

OIL CONSERVATION COM. 1200 N. W.