

OIL CONSERVATION DIVISION
P. O. BOX 1088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF PRODUCTION UNITS	
PRODUCTION	
LAND AREA	
PIPE	
VALVE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
REGULATOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ZACHARY OIL OPERATING COMPANY

1212 Commerce Building, Fort Worth Texas 76102

Person(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of Operator from Millard Deck
(deceased) effective November 1, 1981

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name MAY A	Well No. 1	Pool Name, including Formation Langlie Mattix Queen	Kind of Lease State, Federal or Fee	FEE	Lease No.
Location					
Unit Letter B	600	Feet From The N	Line and 1980	Feet From The E	
Line of Section 21	Township 23S	Range 37E	NMPM,	Leo	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	P O Box 1492 El Paso Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

COMPLETION DATA

Designate Type of Completion - (X)	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.			
Revisions (If Any)	ILLEGIBLE		Top Oil/Gas Pay		Tubing Depth			
Restrictions					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.)

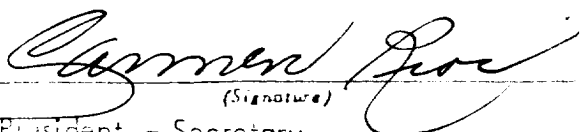
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	water-Bbls.	Gas-MMCF

GAS WELL

Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (flow, back pr.)	Tubing Pressure (Ebat-in)	Casing Pressure (Ebat-in)	Choke Size

DECLARATION OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Vice President - Secretary

(Title)

10-15-81

(Date)

OIL CONSERVATION DIVISION

APPROVED

NOV 3 1981

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BY

Orig. Signed by

Jerry Sexton

TITLE

Dist. 1, Supv.

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.