

OIL CONSERVATION DIVISION
P. O. BOX 2001
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-76

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ZACHARY OIL OPERATING COMPANY

Address 1212 COMMERCE BUILDING, FORT 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)

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. 2	Pool Name, including Formation Langlie Matrix Queen	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter G	1980	Feet From The E	Line and 1980	Feet From The N
Line of Section 21	Township 23S	Range 37E	NMPM	Loc Leo

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	Some Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (M.F., R.A.B., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Formations			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)

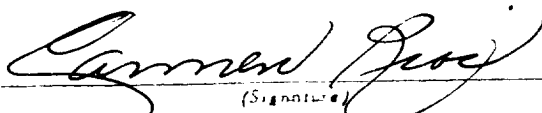
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

CERTIFICATE 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.



Vice President - Secretary

(Title)

10/15/81

(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 3 1981**, 19

BY **Jerry Sexton**

Dist 1, Supp

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.

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