

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Baxter, Kelly H. Well API No. 3002510851 ✓

Address P. O. Box 11193, Midland, TX 79702

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Operator change effective 12/1/92

If change of operator give name and address of previous operator Argee Oil Company, 401 W. Texas, Suite 810, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>E. C. Hill "A"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Teague Blinebry</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No.
Location				
Unit Letter <u>J</u>	<u>1980</u>	Feet From The <u>East</u>	Line and <u>1980</u>	Feet From The <u>South</u>
Section <u>27</u>	Township <u>23</u>	Range <u>37</u>	<u>NMPM</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipeline Company</u>	<u>P. O. Box 2648, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Sid Richardson Carbon & Gasoline Co.</u>	<u>201 Main Street, Fort Worth, TX 76102</u>
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>27</u> Twp. <u>23</u> Rge. <u>37</u>
Is gas actually connected?	When?
<u>Yes</u>	<u>Unknown</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v	Drill Res v
Date Spudded <u>12/4/66</u>	Date Compl. Ready to Prod. <u>12/22/66</u>	Total Depth <u>9780</u>		P.B.T.D. <u>6240</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>3278.5</u>	Name of Producing Formation <u>Blinebry</u>	Top Oil/Gas Pay <u>5620</u>		Tubing Depth <u>5766</u>				
Perforations <u>5878-5620</u>	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17</u>	<u>13 3/8</u>	<u>307</u>	<u>349</u>
<u>12 1/2</u>	<u>95/8</u>	<u>2869</u>	<u>1300</u>
<u>8 3/4</u>	<u>7</u>	<u>9779</u>	<u>1175</u>
<u>7</u>	<u>4 1/2</u>	<u>6623</u>	<u>45</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 3/8 5766 TUBING

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 Tank	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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature L. Johnston Agent
Printed Name L. Johnston Date 1/15/93 Telephone No. (915) 682-5492

OIL CONSERVATION DIVISION

FEB 01 1993

Date Approved

By ORIGINAL SIGNED BY DISTRICT SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.