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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Boxter, Kelly H. Well API No. 3002522372 ✓

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

Reason(s) for Filing (Check proper box)

New Well ☐ Change in Transporter of: ☐ Other (Please explain) Operator change effective 12/1/92
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casaghead Gas ☐ Condensate ☐

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 E. C. Hill "B" Well No. 3 Pool Name, including Formation Teague Blinebry Kind of Lease State, Federal or Fee Lease No. _____
Location Unit Letter K 2310 Feet From The South Line and 1650 Feet From The West Line
Section 27 Township 23 Range 37 NMPM, Lea County

III. 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) P. O. Box 2648, Houston, TX 77001
Name of Authorized Transporter of Casaghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Fort Worth, TX 76102
If well produces oil or liquids, give location of tanks. Unit K Sec. 27 Twp. 23 Rge. 37 Is gas actually connected? Yes When? Unknown

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	Diff Res v
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded <u>12/5/67</u>	Date Compl. Ready to Prod. <u>1/28/68</u>		Total Depth <u>6007</u>		P.B.T.D. <u>5953</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3294.7 GL</u>	Name of Producing Formation <u>Blinebry</u>		Top Oil/Gas Pay <u>5698</u>		Tubing Depth <u>5800</u>			
Perforations <u>5698-5864</u>					Depth Casing Shoe <u>6007</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>9 5/8 29#</u>	<u>1053</u>	<u>500</u>
<u>8 3/4</u>	<u>7" 23# & 26#</u>	<u>6007</u>	<u>550</u>
	<u>2 3/8 EUE</u>	<u>5800</u>	

V. 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 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 (pucc, 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 Title
Date 1/15/93 Telephone No. (915) 682-5492

OIL CONSERVATION DIVISION FEB 01 1993

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.