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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Superseding Old C-101 and C-111
Effective 1-1-65

Operator CAMPBELL & HEDRICK	
Address P.O. BOX 401 - MIDLAND, TEXAS 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE		Well Name, Including Formation		Kind of Lease	Lease No.
Lease Name ELLIOTT	Well No. 2	DRINKARD		State, Federal or Free FEDERAL	963564
Location					
Unit Letter H	990	Feet From The EAST	Line and 1828.20	Feet From The NORTH	
Line of Section 6	Township 23S	Range 38E	N.M.M.		County

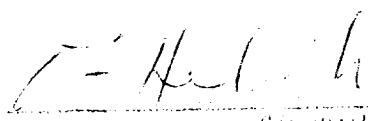
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil ☒ or Condensate ☐	ARCO	P.O. BOX 1610 - MIDLAND, TEXAS 79702				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	NORTHERN NATURAL GAS COMPANY	700 C & K PETROLEUM BLDG. - MIDLAND, TEXAS 79702				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 6	Twp. 23S	Pge. 38E	Is gas actually connected? YES	When 9-22-80

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reason	Part. Reason
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Drillings (DP, NAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
POLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of test oil and must be equal to or exceed top oil available 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		Date, Condensate to MCF		Gravity of condensate
Well Name, Test - MCF/D	Length of Test			
Testing Method (flow, test, etc.)	Tubing Pressure (ft. - in.)	Casing Pressure (ft. - in.)	Choke Size	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I 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.		APPROVED _____, 19____	Orig. Signed by Jerry Sexton Dist. L. Supv.
 (Signature) CAPTAIN (Title) 9-23-80 (Date)		This form is to be filed in compliance with RULE 1104. If this is a well meant for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the test results taken on the well in accordance with RULE 111. All sections of this form must be filled out completely and the title on the back must be completed. Fill out only Sections I, II, III, and VI. On change of owner, well name or location, or transporter, or other such change of condition.	