

NO. OF COPIES RECEIVED		DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
SANTA FE				REQUEST FOR ALLOWABLE			
FILE				AND			
U.S.G.S.				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE							
TRANSPORTER		OIL					
		GAS					
OPERATOR							
PRORATION OFFICE							
Operator Santa Fe Energy Company							
Address P. O. Box 12058, Amarillo, TX 79101							
Reason(s) for filing (Check proper box)						Other (Please explain)	
New Well		<input type="checkbox"/>		Change in Transporter of:			
Recompletion		<input type="checkbox"/>		Oil		<input type="checkbox"/>	
Change in Ownership		<input checked="" type="checkbox"/>		Dry Gas		<input type="checkbox"/>	
				Casinghead Gas		<input type="checkbox"/>	
				Condensate		<input type="checkbox"/>	
						Name change of company	
If change of ownership give name and address of previous owner Oil Development Company of Texas, P. O. Box 12058, Amarillo, TX 79101							
DESCRIPTION OF WELL AND LEASE							
Lease Name		Well No.		Pool Name, including Formation		Kind of Lease	
Carlson B-25		2		Justis Tubb-Drinkard		State, Federal or Fee	
Location						Federal	
						LC032579(e)	
Unit Letter		P		990 Feet From The		South Line and	
						660 Feet From The	
						East	
Line of Section		25 Township		25S Range		37E, NMPM, Lea County	
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)			
Texas-New Mexico Pipeline Company				Box 1018, Eunice, New Mexico 88231			
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)			
El Paso Natural Gas Company				P.O. Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.	
		P		25		25S	
						37E	
						Yes	
						When	
						NA	
If this production is commingled with that from any other lease or pool, give commingling order number: PC-552 and DHC #113							
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.	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations						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	
Testing Method (pilot, back 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							
Original Signed By Anthony J. Walker							
(Signature)							
Petroleum Engineer							
(Title)							
January 19, 1979							
(Date)							
OIL CONSERVATION COMMISSION							
APPROVED <u>MAR 16 1979</u> , 19							
BY <u>John A. Ryan</u>							
TITLE <u>Director</u>							
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.							

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Santa Fe Energy Company	
Address P. O. Box 12058, Amarillo, TX 79101	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Name change of company

If change of ownership give name and address of previous owner Oil Development Company of Texas, P. O. Box 12058, Amarillo, TX 79101

DESCRIPTION OF WELL AND LEASE

Lessee Name Carlson B25	Well No. 2	Pool Name, including Formation Justis Blinebry	Kind of Lease State, Federal or Fee Fed	Lease No. LC032579(e)
Location Unit Letter P ; 990 Feet From The South Line and 660 Feet From The East Line of Section 25 Township 25S Range 37E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1018, Eunice, New Mexico 88231					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 25	Twp. 25S	Rge. 37E	Is gas actually connected? Yes	When NA

If this production is commingled with that from any other lease or pool, give commingling order number: PC-552 and DHC #113

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.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						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
Testing Method (pitot, back 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed by
Anthony J. Walker

Petroleum Engineer

January 19, 1979

OIL CONSERVATION COMMISSION

APPROVED 100-100-1079, 19

BY Orig. Signed by

John Runyan

TITLE Geologist

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.

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator
Oil Development Company of Texas
Address
P. O. Box 12058, Amarillo, Tx 79101
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)
If change of ownership give name and address of previous owner Westates Petroleum Company, 811 W. 7th St., Los Angeles, CA 90017

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carlson B-25	Well No. 2	Pool Name, Including Formation Justice Tubb Drink	Kind of Lease State, Federal or Fee federal	Lease No. B-25
Location Unit Letter P ; 990 Feet From The south Line and 660 Feet From The east Line of Section 25 Township 25S Range 37E , NMPM, 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"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Tx 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Tx 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					yes	NA

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 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
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION COMMISSION

APPROVED APR 27, 19 1977
BY Jerry Sexton Orig. Signed by
TITLE Dist. 1, Supv.

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Separate Forms C-104 must be filed for each pool in multiply

Petroleum Engineer

April 21, 1977

RECEIVED

APR 2 1977

U.S. COURT OF APPEALS
FOR THE NINTH CIRCUIT