HOLTUBIRTEID NEW MEXICO OIL CONSERVATION COMMISSI SANTA FE Form C -104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE Effective 1-1-65 JAND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Oil Development Company of Texas Address P. O. Box 12058, Amarillo, Tx 79101 Reason(s) for filing (Check proper box) Orber (Please explain) Change in Transporter of: Recompletion Dry Gas Change in Ownership XX Casinghead Gas If change of ownership give name and address of previous owner Westates Petroleum Company, 811 W. 7th, Los Angeles, CA 90017 II. DESCRIPTION OF WELL AND LEASE (eli No. Pool Name, Including Formation Kind of Lease Lease Name Lease No. State, Federal or Fee Carlson B-26 Justice Blinebry federa1 6 26 330 Feet From The east Line and 990 Feet From The Unit Letter__ south Township Range 255 -37E-County -Loa II. 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) Texas New Mexico Pipeline Box 1510, Midland, Tx 79701 pproved copy of this form is to be sent) or Dry Gas ХX P. O. Box 1492, El Paso, TX 79978 El Paso Natural Gas Co. Twp. Page. If well produces oil or liquids, give location of tunks. yes NA If this production is commingled with that from any other lease or pool, give commingling order numbers V. COMPLETION DATA New Well Plug Back Gas Well Oll Well Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tep Dal/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 (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) OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Tubing Pressure Cdaing Pressura Water - Bbis. Oil-Bbls. Gas-MCF Actual Prod. During Test **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)

I. 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.

marin & Wall	
(Signature)	
Petroleum Engineer	
(Title)	

(Date)

April 21, 1977

OIL CONSERVATION COMMISSION

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APPROVED_	27 1977	, 19
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	SCHOOL STATE	
TITLE	Super	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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

RELEGIED

2 - 1977 OMM.