## NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C E Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS GAS OPERATOR PRORATION OFFICE AFFigure way 3, 1956, The Atlantic Company chaired its name to Adde Atlantic Refining Company 7.7/**V** Research to During Ville k property 11, New Nexton 88201 Other (Please explain) New Well Change in Transporter of: Recompletion Oil Indicate change in Field designation Dry Gas Change in Ownership Commission Order #8-2923 Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Location Justis Tubb-Drinkard Unit Letter Feet From The Borth Line and 2310 Feet From The , Township Range 375 County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Texas New Maxico Pine Line Company ame of Authorized Transporter of Casinghead Gas or Dry Gas P. O. Box 1510 Midlard Texas Address (Give address to which approved copy of this form is to be sent) Pl Pago Natural Gas Cospany Fig. 1492 Page, Texas Is gas actually connected? When Twp. If well produces oil or liquids, give location of tanks. B 11 255 37% 700 IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Pool 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 (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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bhls. Water - Bbls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION JUL 12 1965 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. District \$ TITLE \_ This form is to be filed in compliance with RULE 1104. O. D. Bretches

July 8, 1965 (Date)

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 Sections I, II, III, and VI only 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.

The Atlantic Palining Company

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District Drilling Supervivor tor July 8, 1955