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| 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

I.

| | |
|--|---|
| Operator CRA, Inc. | |
| Address Box 88, Jal, New Mexico | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------|--------------------------|---------------------------|--|--|
| Lease Name Carlson | Lease No. B 13 | Well No. 6 | Pool Name, Including Formation Justis Elinebry | Kind of Lease State, Federal or Fee Federal |
| Location | | | | |
| Unit Letter H | 2310 | Feet From The N | Line and 990 | Feet From The E |
| Line of Section 13 | Township 25S | Range 37E | , NMPM, Lea County, New Mexico 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 Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas | | | | | |
| 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) Box 1384, Jal, New Mexico | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit H | Sec. 13 | Twp. 25S | Rge. 37E | Is gas actually connected? Yes | When 12-10-65 |

If this production is commingled with that from any other lease or pool, give commingling order number: **none**

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|----------|--|----------|--|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded Nov. 10, 1965 | Date Compl. Ready to Prod. Dec. 10, 1965 | | Total Depth 5575' KB | | P.B.T.D. 5541' KB | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation Elinebry | | Top Oil/Gas Pay 5200' | | Tubing Depth 5070' | | | |
| Perforations 5255'-5268'-5279'-5299'-5323'-5346'-5374'-5382'-5401'- 5419'-5427'-5455'-5480' 1 per/intv. | | | | | Depth Casing Shoe 5578.94 KB | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/2 | 8 5/8 | | 993.59 | | 550 | | | |
| 7 7/8 | 4 1/2 | | 5578.94' | | 1540 | | | |

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 Dec. 12, 1965 | Date of Test 12-12 & 12-13-65 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 7 hr. | Tubing Pressure 300# | Casing Pressure 400# | Choke Size 20/64" |
| Actual Prod. During Test 73 bbl. | Oil-Bbbls. 66 | Water-Bbbls. 7 | Gas-MCF 18.0 |

GAS WELL

| | | | |
|----------------------------------|-----------------|------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | 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.

LE. Chaffin
(Signature)
Production Superintendent
(Title)
December 13, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____

TITLE _____

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.