NEW MEAICE DIE CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Address Other (Please explain) New Well レゼて Recompletion Cástnahead Gas Change in Ow a W like to have 136/5. If change of ownership give name and address of previous owner ____ S. 6, 11 I. Tod II. DESCRIPTION OF WELL AND LEASE Well No. Lease No. Faci Name, Including Formation Kind of Lease Lease Name State, Federal or Fee Location F-11550/11 ×14 NMPM, County Range Werth E AST 1930 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA or Condensate Address (6the address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas ____ Address (Give address to which approved copy of this form is to be sent) ¥ Texas Rge. II wer Broduce to Remindred La poulta fi Sec. give location of tanks If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Plug Back New Well Workover Gas Well Deepen Designate Type of Completion -(X)P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Top Oll/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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)

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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 5 1972 APPROVED Orig. Signed by John Runvan BY_ Geologist TITLE .

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

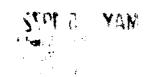
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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, ill 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.

(Signature) Admin. Ass Y. Am Dist. Supt.



RECEIVED

M/Y 1 1972

OIL CONSERVATION COMM. HOBBS, N. 12.