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| DISTRIBUTION | ON | | <u> </u> |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OF | FICE | | |
| Operator ADGO | 2:1 | | |

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

| FILE | KEQUE: | SI FOR ALLOWABLE | Supersedes Old C-104 and C-110 Effective 1-1-65 | |
|--|--|--|---|--|
| U.S.G.S. | AUTHORIZATION TO T | AND RANSPORT OIL AND NATURAL | | |
| LAND OFFICE | <u> </u> | THE PART OF THE PA | · OAG | |
| TRANSPORTER OIL GAS | | | | |
| OPERATOR | | | | |
| Operator APCO 0:1 5 G | | | | |
| Division of Atlantic | | | | |
| Address | | | | |
| P.O. Box 1710, Hobbs Reason(s) for filing (Check proper | | Other (01 | | |
| New Well | Change in Transporter of: | Other (Please explain) Please assign a | 500 bbl. testing allowabl | |
| Recompletion | Oil Dry | | h of November, 1980 in ord | |
| Change in Ownership | Casinghead Gas Con | densate to test and com | | |
| If change of ownership give nam and address of previous owner _ | i e | | | |
| _ | | | | |
| DESCRIPTION OF WELL AN Lease Name | Well No. Pool Name, Including | Formation Kind of Lea | ise Lease No. | |
| W.H. Harrison "C" WN | 5 Jalmat Yates | Seven Rivers Queentate, Fede | i — | |
| Unit Letter K ; | 1700 South | 1600 | - | |
| Ont Letter; | 1700 Feet From The South | Line and 1680 Feet From | The West | |
| Line of Section 20 | Township 24S Range | 37E , NMPM, | Lea County | |
| ESIGNATION OF TRANSPO | ORTER OF OIL AND NATURAL (| GAS | | |
| Name of Authorized Transporter of | Oil X or Condensate | | oved copy of this form is to be sent) | |
| Texas New Mexico Pipe Name of Authorized Transporter of | eline Company Casinghead Gas X or Dry Gas | P.O. Box 2528, Hobbs, 1 | New Mexico 88240 oved copy of this form is to be sent) | |
| El Paso Natural Gas C | | P.O. Box 1354, Ja1, New | | |
| If well produces oil or liquids, | Unit Sec. Twp. Rge. | | hen 60232 | |
| give location of tanks. | K 20 24 37 | Yes | 11-6-80 | |
| this production is commingled COMPLETION DATA | with that from any other lease or poo | l, give commingling order number: | | |
| Designate Type of Comple | etion - (X) | 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. | .j Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| Perforations | | | Depth Casing Shoe | |
| · | | | | |
| HOLE SIZE | TUBING, CASING, AI CASING & TUBING SIZE | ND CEMENTING RECORD DEPTH SET | | |
| | | DEFINSE | SACKS CEMENT | |
| T | | | | |
| | | | | |
| EST DATA AND REQUEST | | after recovery of total volume of load oil | and must be equal to or exceed top allow- | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas li | | |
| | | inclined (2 town) paints, gus es | ,, e.c., | |
| ength of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas - MCF | |
| | | | | |
| AS WELL | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | |
| Testing Method (pitot, back pr.) | Tubing Programs (at 1 to 2 | | | |
| esting method [phot, oden pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |
| ERTIFICATE OF COMPLIA | NCE | OIL CONSERVA | TION COMMISSION | |
| | | I 6 | , 19 | |
| ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief. | | . 11 | | |
| | | BY Grig. Signed by Jerry Sexton | | |
| | | TITLE Dist 1. Su | TITLE Diet 1, Supp. | |
| D. L. Shacket | Olas | This form is to be filed in compliance with RULE 1104. | | |
| ISA | HOLA. | If this is a request for allow well, this form must be accompa- | able for a newly drilled or deepened nied by a tabulation of the deviation | |
| ngrg. Tech. Spec. | | tests taken on the well in accord | dance with RULE 111. | |
| | Title) | All sections of this form must able on new and recompleted we | st be filled out completely for allow- | |
| 1-21-80 | Date) | Fill out only Sections I, II, well name or number or transport | III, and VI for changes of owner, en, or other such change of condition. | |
| , . | • | Separate Forms C-104 must | be filed for each pool in multiply | |
| | | completed wells. | | |