| NO. OF COPIES RECEIVED | | | |
|------------------------|-----|----------|---|
| DISTRIBUTION | | | 1 |
| SANTA FE | | | |
| FILE | | <u> </u> | 1 |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| | | 1 | |

III.

IV.

| | SANTA FE FILE U.S.G.S. LAND OFFICE | REQUEST | CONSERVATION COMMIS N T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL (| Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 | | | | | | | |
|--|--|--|---|---|--|--------------------------|--|--|--|--|--|
| 1. | TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator | | | | | | | | | | |
| | • • | Oil and Gas Company | | | | | | | | | |
| | First Sav | | | | | | | | | | |
| | eason(s) for filing (Check proper box) ew We!1 Change in Transporter of: Humble | | | | | | | | | | |
| | Recompletion Change in Ownership X | Oil Dry Gas Fiden F Hands No. 2 | | | | | | | | | |
| | If change of ownership give name and address of previous owner | Humble Oil & Refining C | Company, Box 2100, Hob | obs, New Mexico 88240 | | | | | | | |
| II. | II. <u>DESCRIPTION OF WELL AND LEASE</u> This change to be effective OCT 1 1970 | | | | | | | | | | |
| Cooper Jal Unit Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Fee | | | | | | | | | | | |
| | Location F 19 | 80 N | ine and 1980 Feet From | | | | | | | | |
| | 24 | Feet From The Li | 26 T | The W | | | | | | | |
| 111 | | TER OF OIL AND NATURAL GA | y com my | Liea County | | | | | | | |
| | Name of Authorized Transporter of Oi | l 🗶 or Condensate 🔲 | Address (Give address to which approx | · • | | | | | | | |
| | Shell Pipe Line Corp | singhead Gas 🔼 or Dry Gas 🗔 | Box 2648, Houston, T | exas 77001 | | | | | | | |
| | El Paso Natural Gas | Unit Sec. Twp. Rge. | Box 1492, El Paso, T | exas | | | | | | | |
| | If well produces oil or liquids, give location of tanks. | D 24 24-S 36-E | Is gas actually connected? Whe | Unknown | | | | | | | |
| IV. | If this production is commingled wi COMPLETION DATA | ith that from any other lease or pool, | give commingling order number: | R-663 | | | | | | | |
| | Designate Type of Completic | on - (X) Gas Well | New Well Workover Deepen | Plug Back Same Restv. Diff. Restv. | | | | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | | | |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | | | |
| | Perforations | | | Depth Casing Shoe | | | | | | | |
| THEMS SATING AN | | | D CEMENTING RECORD | | | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | | | |
| ļ | | | | | | | | | | | |
| | | | | | | | | | | | |
| | TEST DATA AND REQUEST FO | | lifter recovery of total volume of load oil a epth or be for full 24 hours) | nd must be equal to or exceed top allow- | | | | | | | |
| Ī | 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-Bbis. | Water-Bbls. | Gas-MCF | | | | | | | |
| ' <u>-</u> | OAC WEST | AS WELL | | | | | | | | | |
| ſ | 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) | Choke Size | | | | | | | |
| ∟ ז. ני | CERTIFICATE OF COMPLIANC | CE | OIL CONSERVA | FION COMMISSION | | | | | | | |
| 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 19 | | | | | | | | |
| | | | TITLE SUPERVISOR DISTRICT 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. | | |
| | | | | | | District Manager (Title) | | | All sections of this form must be filled out completely for allow- | | |
| SEP 2 8 1970 (Date) | | | 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 | | | | | | | | |

OIL CONSERVATION COMM.