NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COM Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS E C E + V E D LAND OFFICE TRANSPORTER 111 16 La9 GAS OPERATOR PRORATION OFFICE WINDFOHR OIL COMPANY | 1202 First National Bak Bldg., Fort Worth, JExas | Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion from Skelly oil Co Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE NM 2747 Jackson B Fren (7-Rivers) State, Federal or Fee Federal Location 539 Ε 1980 S Feet From The Feet From The_ 30E County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P. O. Box 1510, Midland, Texas Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Co Name of Authorized Transporter of Casinghead Gas or Dry Gas Continental Oil Company P. O. Box 2197, Houston, Texas Is gas actually connected? When Sec. P.ge. If well produces oil or liquids, 24 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plug Back New Well Workover Oil Well Gas Well Deepen Designate Type of Completion = (X)Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. TITLE DIL AND GAS INSPECTOR 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.

(Signature)

(Title)

7-15-69

(Date)

Engineer ·