

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Well API No. 30-015-~~2~~4824

Water Disposal

| 1. DESCRIPTION OF WELL AND LEASE | | | | |
|---|----------|--------------------------------|--|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Fee | Lease No. |
| Big Eddy Federal | 100 | | | |
| Location | | | | |
| Unit Letter <u>L</u> : <u>2291</u> Feet From The <u>S</u> Line and <u>483</u> Feet From The <u>W</u> Line | | | | |
| Section <u>8</u> Township <u>21S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County | | | | |

| | | | | | | |
|---|------|------|------|------|--|--------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Nava jo Refining</u> | | | | | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, NM 88210</u> | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | | | | | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |

If this production is commingled with that from any other lease or pool, give commingling order number:

| IV. COMPLETION DATA | | | | | | | | | |
|------------------------------------|-----------------------------|----------|----------|-----------------|----------|--------|-------------------|------------|------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | 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.) | Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | | Depth Casing Shoe | | |

| TUBING, CASING AND CEMENTING RECORD | | | |
|-------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |
| | | | |

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 Tank | Date of Test | Producing Method (<i>Flow, pump, gas lift, etc.</i>) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

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

By _____ ORIGINAL SIGNED BY
MIKE WILLIAMS
Title _____ SUPERVISOR, DISTRICT II

Signature: Leah Fabi Production Clerk
Printed Name Leah Fabi Title
Date 11-73 Telephone No. (915) 687-0501

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104.

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Section Item C-104 must be filed for each test in multiply completed wells.