| NO. OF COPIES REC | 5   |    |  |
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| DISTRIBUTIO       |     |    |  |
| SANTA FE          |     |    |  |
| FILE              |     | 17 |  |
| U.S.G.S.          |     |    |  |
| LAND OFFICE       |     |    |  |
| TRANSPORTER       | OIL |    |  |
|                   | GAS |    |  |
| OPERATOR          | 2   |    |  |
| PRORATION OFFICE  |     |    |  |

|      | SANTA FE /   |   | CONSERVATION COMMISSION  | Form C-104  |  |  |  |
|------|--|---|--|---|--|--|--|
|      | FILE /   | REQUEST FOR ALLOWABLE AND                                 |  | Supersedes Old C-104 and C-11 Effective 1-1-65                  |  |  |  |
|      | U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  |   |  |   |  |  |  |
|      | LAND OFFICE  |   | THE THE MATURAL  | - 474   |  |  |  |
|      | TRANSPORTER OIL  | _   |  |   |  |  |  |
|      | OPERATOR 2   | -   |  |   |  |  |  |
| ,    | PRORATION OFFICE   |   |  |   |  |  |  |
| 4.   | Operator   |   |  |   |  |  |  |
|      |  | oration of Texas  |  |   |  |  |  |
|      | P.O.Box 911  | Breckenridge, Tex   | as 76204   | -/  |  |  |  |
|      | Reason(s) for filing (Check proper bo  | · ,   | Other (Please explain)   |   |  |  |  |
|      | New Well   | Change in Transporter of:                                 | <del></del>  |   |  |  |  |
|      | Recompletion   | Oil Dry Go  |  | •   |  |  |  |
|      | Change in Ownership  | Casinghead Gas Conde                                      | nsate  |   |  |  |  |
|      | If change of ownership give name   |   |  |   |  |  |  |
|      | and address of previous owner  |   |  |   |  |  |  |
| II.  | DESCRIPTION OF WELL AND  | Weil No. Pool Name, Including F                           | ormation Kind of Le  | ase Federal Legge No.   |  |  |  |
|      | Lease Name Feasel  | 1-Y Fulcher Kut   |  | eral or FeSF046563  |  |  |  |
|      | Location   | South   |  |   |  |  |  |
|      | Unit Letter;;  | South Lir Live The Live Live Live Live Live Live Live Liv | ne and 11501 Feet From   | m The West line   |  |  |  |
|      | 22   | 2811  | 107  | San Juan  |  |  |  |
|      | Line of Section 33 To  | ownship ZON Range   | LOW , NMPM,  | San Juan County   |  |  |  |
| III. | DESIGNATION OF TRANSPOR  | RTER OF OIL AND NATURAL GA                                | AS   |   |  |  |  |
| =•   | Name of Authorized Transporter of O  |   |  | roved copy of this form is to be sent)                          |  |  |  |
|      |  | 2 - 4   | )  |   |  |  |  |
|      | Name of Authorized Transporter of Constant Southern Union Ga   |   | Address (Give address to which app   | roved copy of this form is to be sent)  NEXICO                  |  |  |  |
|      |  | Unit Sec. Twp. Rge.                                       | <del></del>  | When  |  |  |  |
|      | If well produces oil or liquids, give location of tanks.   |   | No.  |   |  |  |  |
|      | If this production is commingled w   | ith that from any other lease or pool,                    | give commingling order number:   |   |  |  |  |
|      | COMPLETION DATA  | Oil Well Gas Well   | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Res'v.                            |  |  |  |
|      | Designate Type of Completi   |   | New well workover Deabell  | i Ditte Mas.A.  |  |  |  |
|      | Date Spudded   | Date Compl. Ready to Prod.                                | Total Depth  | P.B.T.D.  |  |  |  |
|      | 12/14/70   | 12/22/70  | 2185'  | 2173'   |  |  |  |
|      | Elevations (DF, RKB, RT, GR, etc.)<br>6108 GL.   |   | Top Oil/Gas Pay  | Tubing Depth 2087   |  |  |  |
| i    | Perforations   | Picture Cliff   | 20 <b>3</b> 5'   | Depth Casing Shoe   |  |  |  |
|      |  | 0,2067'-70,2074'-83.                                      | 2 shots per foot.  | 2085'.  |  |  |  |
|      |  |   | CEMENTING RECORD   |   |  |  |  |
|      | HOLE SIZE  | CASING & TUBING SIZE                                      | DEPTH SET  | SACKS CEMENT  |  |  |  |
|      | 6 3/4"   | 4.5   | 2185   | 325.  |  |  |  |
|      | ZXXXXX   | 2 3/8"  | 20871  |   |  |  |  |
|      |  | 3/4"  | 2078'  |   |  |  |  |
| V.   | TEST DATA AND REQUEST FOIL WELL  | TOR ALLOWABLE (Test must be a                             | fter recovery of total volume of load o  | il and must be equal to or exceed top allow-                    |  |  |  |
| i    | lift, etc.)  |   |  |   |  |  |  |
|      | Date First New Oil Run To Tanks  |   |  | VED)  |  |  |  |
|      | Length of Test   | Tubing Pressure   | Casing Pressure  | Choke Size  |  |  |  |
|      | Actual Prod, During Test   | Oil-Bbls.   | Water-Bbis.  | Gas-MCF) F ( 20 1970  |  |  |  |
|      | Methat Floa, Daring 1981   |   |  |   |  |  |  |
|      |  |   | <u> </u>   | OIL CON. COM.   |  |  |  |
|      | GAS WELL   |   | Tan - 1  | DIST. 3   |  |  |  |
|      | 7,400  | Length of Test 24 Hrs.                                    | Bbls. Condensate/MMCF  | Gravity of Condensate   |  |  |  |
| ŀ    | Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)                                 | Casing Pressure (Shut-in)  | Choke Size  |  |  |  |
|      | Pitot  | 320   | 320  |   |  |  |  |
| VI.  | CERTIFICATE OF COMPLIAN  | ICE   | OIL CONSERV  | ATION 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.  (Substitute)  (Date) |   | ABBBCHES   | APPROVED 1-6- 197/  |  |  |  |
|      |  |   | By Original Signed by Emery C. Arnold  |   |  |  |  |
|      |  |   | SUPERVISOR DIST. #3  |   |  |  |  |
|      |  |   | 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 allow- |   |  |  |  |
|      |  |   |  |   |  |  |  |
|      |  |   |  |   |  |  |  |
| •    |  |   |  |   |  |  |  |
| -    |  |   |  |   |  |  |  |
|      |  |   | able on new and recompleted  | 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   |   |  |  |  |