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| U.S.G.S.               |       | <del> </del>   | <del> </del> |
| LAND OFFICE            |       | <del> </del> - | ļ            |
| TRANSPORTER            | OIL   |                | L            |
|                        | G A S |                | <u> </u>     |
| OPERATOR               |       | <del> </del>   | ļ            |
| PROPATION OFFICE       |       | 1              | 1            |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

|   | U.S.G.S.   |                                    |   |  |  |  |  |
|---|--|------------------------------------|---|--|--|--|--|
|   | LAND OFFICE OIL  |                                    |   |  |  |  |  |
|   | TRANSPORTER GAS  |                                    | Ø.  |  |  |  |  |
|   | OPERATOR   |                                    |   |  |  |  |  |
|   | PRORATION OFFICE   |                                    |   |  |  |  |  |
| 1.  | Operator   |                                    |   |  |  |  |  |
|   | PetroCorp  |                                    |   |  |  |  |  |
|   | Suite 300, North Atrium, 16800 Greenspoint Park Drive, Houston, Texas 77060  Other (Please explain)  |                                    |   |  |  |  |  |
|   | Suite 300, North Atrium, 16800 Greenspoint 1822 Other (Please explain)   |                                    |   |  |  |  |  |
|   | Reason(s) for filing (t.neck proper tary)  Change in Transporter of:   |                                    |   |  |  |  |  |
|   | New Well   | Oil Dry Gas                        | F 1 1 -                                     | CK C C   |  |  |  |
|   | Recompletion Congression   | Casinghead Gas Condens             |   |  |  |  |  |
| Change in Ownership W. M. Gallaway, 3005 Northridge Dr., Suite I, Farmington, N.M. 87 and address of previous owner W. M. Gallaway, 3005 Northridge Dr., Suite I, Farmington, N.M. 87   |  |                                    |   |  |  |  |  |
|   |  |                                    |   |  |  |  |  |
| II. DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Formation  Kind of Lease  State, Federal or Fee Federal SF0440   |  |                                    |   |  |  |  |  |
|   | Lease Name  11 Bloomfield Farmington State, Federal Diological State,  |                                    |   |  |  |  |  |
|   | Delo   |                                    |   |  |  |  |  |
|   | 200 Feet From The South Line and 790 Feet From The   |                                    |   |  |  |  |  |
|   | Unit Letter 1 County   NMPM San Juan   |                                    |   |  |  |  |  |
|   | Line of Section 26 Township 29 North Range 11 West , NMPM, San Juan  |                                    |   |  |  |  |  |
|   |  | S OF OUL AND NATURAL GAS           | S<br>Address (Give address to which approve | ed copy of this form is to be sent)                        |  |  |  |
| Ш   | I. DESIGNATION OF TRANSPORTE   | or Condensate                      | Address (Give address to which approve      | _ 77001  |  |  |  |
|   | Name of Authorized Transported Fr. 9/1/87) P. O. Box 1183, Houston Texas (June 1881)   |                                    |   |  |  |  |  |
|   | The Permian Corporation Name of Authorized Transporter of Casing   | head Gas or Dry Gas                | Address (GIVE das)                          |  |  |  |  |
|   | Name of Municipality   |                                    | Is gas actually connected? When             | n  |  |  |  |
|   | If well produces oil or liquids,   | nit Sec. Twp. Age.                 |   |  |  |  |  |
|   | give location of tanks.  | P   26   29N   11W                 | rive commingling order number:              |  |  |  |  |
|   | give location of tanks.  If this production is commingled with   | that from any other lease or pool, | give comming                                | Plug Back   Same Res'v. Diff. Res'v.                       |  |  |  |
| 11  | V. COMPLETION DATA   | Oil Well Gas Well                  | New Well Workover Deepen                    |  |  |  |  |
|   | Designate Type of Completion   | - (X)                              | 10.00                                       | P.B.T.D.   |  |  |  |
|   | Date Spudded   | oate Compl. Ready to Prod.         | Total Depth                                 |  |  |  |  |
|   | 1  |                                    | Top Oil/Gas Pay                             | Tubing Depth   |  |  |  |
|   | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation        |   | Depth Casing Shoe  |  |  |  |
|   |  |                                    |   | Depth Cashid Shot  |  |  |  |
|   | Feriorations   |                                    |   |  |  |  |  |
|   |  | TUBING, CASING, AN                 | D CEMENTING RECORD  DEPTH SET               | SACKS CEMENT   |  |  |  |
|   | HOLE SIZE  | CASING & TUBING SIZE               | DEPTRISE                                    |  |  |  |  |
|   | HOLE SIZE  |                                    |   |  |  |  |  |
|   |  |                                    |   |  |  |  |  |
|   |  |                                    |   | in and to or exceed top allow                              |  |  |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed to this depth or be for fell 24 hours)  able for this depth or be for fell 24 hours)  able for this depth of Decoducing Method (Flow, pump, gas lift, etc.) |  |                                    |   |  |  |  |  |
|   | V. TEST DATA AND REQUEST FU  | able for this d                    | Producing Method (Flow, pump, sas l         | ifi, etc.)   |  |  |  |
|   | OIL WELL Tate First New Oil Run To Tanks   | Date of Test                       |   | 1  |  |  |  |
|   |  |                                    | Cosing Pressure                             | Chore Size   |  |  |  |
|   | Length of Test   | Tubing Freeduc                     | "" " 2 0 1937                               | MCF  |  |  |  |
|   |  | OII-B516.                          | Woter-Ball                                  |  |  |  |  |
|   | Asteal Fred, During Test   |                                    |   | ,  |  |  |  |
|   | the second secon |                                    |   |  |  |  |  |
|   | a ( <u>S. 1.⊁11.</u>   |                                    | Bere, California e/ MACF                    | Granty of Card statet.                                     |  |  |  |
|   | 700 3 700 TABLE TABLE  | tive year in Th <b>at</b><br>I     |   |  |  |  |  |
|   |  | Fining Riveries (Shot-in)          | Caring Fintere (F. at-in)                   | Chicke Size  |  |  |  |
|   | Testing weread (finot, back pr.)   |                                    |   | AT ON COMMISSION -   |  |  |  |
|   |  |                                    | OIL CONSERT                                 | ATION COMMISSION   |  |  |  |
|   | VI. CHAMPICATE OF COMPLIANCE   |                                    | ARRADVED                                    |  |  |  |  |
|   | in it is a second to   | equiations of the Oil Conservation | - 1   | Java J   |  |  |  |
|   | I headly certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given there is true and complete to the best of my threaledge and battef.  PETROCORP   |                                    | SUPERVISOR DISTRICE 報 3                     |  |  |  |  |
|   |  |                                    | · · · · · · · · · · · · · · · · · · ·       |  |  |  |  |
|   |  |                                    | This form is to be filed in                 | min form is to be filed in compliance with RULE 1104.      |  |  |  |
| 2000  |  |                                    | or as a presugat for all                    | is a reguest for allowed to ". Tell. I then of the day! !! |  |  |  |
|   | By: 1216:1- (5.0)  | 21/2                               | - II whis form must be abled.               | is this form mulation appropriate the military and the     |  |  |  |
|   | (Signature)  |                                    |   | must be filled out completely for all-                     |  |  |  |
|   | 11/1201 A 11/19  | (ile)                              |   |  |  |  |  |
|   |  |                                    |   |  |  |  |  |
| _   | well name or number, or transported or other such , of in other (Bute)   |                                    |   |  |  |  |  |
| _   |  |                                    |   |  |  |  |  |