STATE OF NEW MEXICO NURSY 250 MINERALS CERARIMENT

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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form Circ4 Revised 10-01/78 Format St-01-63 Rage 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| PRCSATION OFFICE | AUTHOR | IZATION TO | AN TRANSP | DRT OIL AND NATU | RAL GAS | | |
|--|--------------------|-----------------|--------------|---|--|----------------------|------------------|
| Texaco Froducing Inc. | | , | | | | | |
| P. O. Box 728, Hobbs, New | Mexico | 88240 | | | | | |
| Recson(s) for liling (Check proper box) | | | | Other (Please | espioinj | | |
| New Well | Change in | Transporter o | of: | | | | |
| Percentiellon | ∑∑ ou | | □ ▷, | Gas | | | |
| Charge in Curarehip | Cost | ngheod Gas | Cc. | ndensate | | | |
| I change of ownership give name address of previous owner | | | | | | | |
| I. DESCRIPTION OF WELL AND | LEASE | | | | | | , |
| Lease Name | Well No. | Fool Name, 1 | | | Kind of Lease | | Lecse No. |
| East Eumont Unit | 84 | Eumont Y | ates 7- | Rivers Queen | State, Federal or Fee | State | E-274 |
| Location Unit Letter B : 660 | Fast Fre | m The Nort | h in | and 1980 | Feet From The | East | |
| Unit Letter | | Jiii 1110 | | | V | | |
| Line of Section 34 Town | Mp 199 | 5 | Pange | 37E , NMP | , Lea | | County |
| III. DESIGNATION OF TRANSPORMENT OF COMMENTARIES OF AUCTORISM Transporter of Coston Warren Petroleum Corp. | ☑ of C e Co. ((| 0055-1951 |) | P.O. Box 2528 Address (Give oddress P.O. Box 1589 | Hobbs, NM 8824 | O of this form is | |
| tf wall produces oil or liquids. | Unit Sec | Twp. | Rq•. | Yes | 10d? When 2-7-5 | 8 | |
| If this production is commingled with | that from a | ny other leas | e or pool, | give commingling ord | er number: | | |
| NOTE: Complete Parts IV and V | on tevetse | side if neces | sary. | | | | |
| VI. CERTIFICATE OF COMPLIAN | CE | | | OIL (| CONSERVATION D | IVISION | |
| I hereby certify that the rules and regulation | is of the Oil O | Conservation Di | vision have | APPROVED | - Charles | <u>i</u> | , 19 |
| been complied with and that the information | given is true? | and complete to | the best of | ORIG | GINAL SIGNED BY JOD | AN SEXTON | |
| my knowledge and belief. | | | • | BY | DISTRICT I SUPERV | | |
| | | | | TITLE | and the second s | | |
| • / | <i>—</i>) | | | This form is | to be filed in complian | ce with RUL | ž 1104. |
| Jaken | | | | 1) | quest for allowable for | | |
| (514.01) | | 397-3571 | | well, this form mu | at be accompanied by wall in accordance w | a tabulation | of the deviation |
| Hobbs Area Superintendent | · - | | | All sections | of this form must be ful | | |
| July 25, 1988 | , | | | Fill out only | scompleted wells. Sections I. II. III. an | ed VI for ch | inges of owner |
| (£ s:e | , | | | wall name or numb | er, or transportanion off | er such chai | rge of condition |
| | | | | Separate For completed wells. | es C-104 guet be file | e for each | geer in mulipi |

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

| Designate Type of Complet | | Oil Mell | Gas Well | New Well | Workover | Deepen | Plug Bacz | Same | Ĥes'v. | Diff. | Res |
|--|-----------------------------|--------------|---------------------------------|----------------------------------|---|---------------|---------------------------------------|--------------|-------------|--|--------|
| | | | _ | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | 4 | | <u>. </u> | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | | | Top Oll/Ge | as Pay | Tubing Depth | | | | | |
| Perforations | | | | 1 | | | Depth Cast | ng Shoe | 1 | | |
| | | TUBING, | CASING, AN | D CEMENT | ING RECOR | D | | | | | |
| HOLE SIZE | | | NG SIZE | | DEPTH SE | Т | S | SACKS CEMENT | | | |
| | | | | | | | | | | | |
| | | | | | | | <u> </u> | | | | |
| | 1 | | | | - | | | | | | |
| | | | | | | | | | | | |
| | ĺ | | | 1 | | | | | | | |
| V. TEST DATA AND REQUES | r for allo | WABLE (| Test must be able for this d | ofter recovery | of total volu full 24 hows | ms of load oi | l and must be | qual to | or exc | eed to | p &II. |
| V. TEST DATA AND REQUES' OIL WELL Date File' New Oil Run To Tanks | FOR ALLO | | Test must be able for this o | epin or be jor | of total value full 24 hours Method (Flou | <i>,</i> | | equal to | or exc | eed to | p åll |
| OII, WELL Date Fifth New Oil Run To Tanks | | t . | Test must be able for this d | epin or be jor | Method (Flow | <i>,</i> | | | Dr exc | eed to | p &111 |
| | Date of Tee | t . | Test muss be able for this o | Producing | Method (Flow | <i>,</i> | lift, etc.j | | DP Exc | eed to | p &111 |
| OII. WELL Date First New Oil Run To Tanks Length of Test | Date of Tee | t . | Test must be able for this d | Producing Casing Pre | Method (Flow | <i>,</i> | Choke Size | | DF EXC | eed to | p Ella |
| OII. WELL Date First New Oil Run To Tanks Length of Test | Date of Tee | t . | Test must be able for this o | Producing Casing Pre | Method (Flow | <i>,</i> | Choke Size | | Dr exc | eed to | p &11. |
| OII. WELL Date First New Oil Run To Tanks Length of Teet Actual Prod. During Teet | Date of Tee | swe . | Test muss be able for this o | Producing Casing Pro Water-Bbi | Method (Flow | , pump, gas | Choke Size | | | eed to | p åll |

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