| NO. OF CCPIES RECEIVED | | | |
|------------------------|----------|--|--|
| DISTRIBUTION | | | |
| SANTA FE | <u> </u> | | |
| FILE | | | |
| u.s.g.s. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-116

| SANTA FE | | R ALLOWABLE | Effective 1-1-65 |
|--|--|---|--|
| FILE | | ND PORT OIL AND NATURAL GAS | |
| U.S.G.S. | AUTHORIZATION TO TRANS | ORT OF AND WATERING ONE | • |
| AND OFFICE | | | |
| RANSPORTER | | | |
| PERATOR | | | |
| PROPATION OFFICE | | | |
| perator | | | 1 |
| Petro-Lewis Cor | poration | | |
| agress Love | Fland, TX. 79336 | | |
| 607 Austin , Level | erand, 12. | Other (Piease explain) | |
| (eason(s) for filing (Check proper box) | Change in Transporter of: | | |
| lew Vell | Oi! Dry Gas | | |
| Recompletion Change in Cwnership X | Casinghead Gas Condensat | te 🔲 | |
| Change in Current And | 7. | | |
| change of ownership give name | Imperial-American En | e rgy, Inc . | |
| nd address of previous owner | | | |
| DESCRIPTION OF WELL AND L | EASE | eation Kind of Lease | Lease No. |
| Lease Name | Well No. 2301 Italie, merading | | Fee State |
| Elk State | l Teague Bli | nebry | 5 24 00 |
| Lecation | a th | 2310 | West |
| Unit Letter N 330 | Feet From The South Line of | and 2310 Feet from the | • |
| | nship 23-S Range 3 | 37-E , NMPM, Lea | County |
| Line of Section 16 Town | nship 23-5 Hange 3 | | |
| and the second s | TE OF OH AND NATURAL GAS | | |
| DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off | ER OF OIL AND NATURAL GAS | Address (Give address to which approved | copy of this form is to be sent) |
| shall Pineline | Company | Box 1910 Midland, | TX |
| i.ame of Authorized Transporter of Cas | inghead Gas Cor Dry Gas | Address / Give address to which approve | i copy of this form is to be sent/ |
| El Paso Natura | ol Gas Company : | Box 1492 El Paso, | TX. |
| · · · · · · · · · · · · · · · · · · · | Unit Sec. Twp. | is gas actually connected? When | |
| If well produces oil or liquids, give location of tanks. | M 16 23-S 37-E | Yes | |
| vertical is committed wit | h that from any other lease or pool, gi | ive commingling order number: | |
| COMPLETION DATA | | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'r |
| Designate Type of Completic | | , | |
| | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Date Spudded | Date Comp., Neary to 115-1 | | |
| Elevations (DF, RKB, RT, GR, etc. | Name of Producing Formation | Top Off/Gas Pay | Tuning Depth |
| Elevations (Dr., AMB, Rr., OM, etc. | | | 0 |
| Periorations | | | Depth Casing Shoe |
| | | | |
| | TUBING, CASING, AND | CEMENTING RECORD | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACIO CEMENT |
| | | | |
| | | | |
| | | | |
| | | e e e e e e e e e e e e e e e e e e e | and must be equal to or exceed top all |
| . TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be af able for this de | pih or be for full 24 hours) | |
| OH, WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lif | t, etc.) |
| Date First New Cli num to lunks | Bate C. 1444 | | |
| | Tubing Pressure | Casing Pressure | Choke Size |
| Length of Test | | | |
| Actual Prod. During Test | OII-BEIs. | Water-Bbls. | Gds-MCF |
| Votage 1 19gr Samme 1 | | 1 | 1 |
| | | | |
| GAS WELL | | 0.000 | Gravity of Condensate |
| Actual Prod. Test-MCF/D | Length of Test | Bbls, Condensate/MMCF | |
| | | Casing Pressure (Shut-in) | Cheke Size |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure Council Tank | |
| | | CONSERVA | ATION COMMISSION |
| I. CERTIFICATE OF COMPLIA | NCE | OIL CONSERVA | 175/R |
| | | APPROVED (U) 4 5 | 19/8 |
| I hereby certify that the rules an | d regulations of the Oil Conservation | A C: 1 | |
| Commission have been complied | | | |
| arrive is true and compared | with and that the information given the best of my knowledge and belief. | BY John W | 7/ |
| | with and that the information given the best of my knowledge and belief. | John Francis | 74 |
| | the best of my knowledge and belief. | John Francis | compliance with RULE 1104. |

(Signature)

(Millen a)

(Title)

(Date)

If this is a request for silowable 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

| NO. OF COPIES RECE | IVEO | _ |
|--------------------|------|---|
| OISTRIBUTIO |) N | |
| SANTA FE | | _ |
| FILE | | _ |
| U.S.G.S. | | _ |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | _ |
| | | |

October 24, 1969

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

Separate Forms C-104 must be filed for each pool in multiply

| SANTAFE | | K ALLOWABLE | Effective 1-1-65 |
|---|---|--|--|
| U.S.G.S. | l ' | ND PORT OIL AND NATURAL GA | S |
| LAND OFFICE | AUTHORIZATION TO TRAIN | | |
| OIL OIL | | • | |
| TRANSPORTER GAS | } | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |
| Operator | ANIA CEMENTE COMPANY | | |
| IMERIAL - AMERICAN M | ANAGEMENT COMPANT | | |
| | ldg. Midland, Texas | • | |
| 507 Midland Savings B Reason(s) for filing (Check proper box | | Other (Please explain) | |
| New Well | Change in Transporter of: | | |
| Recompletion | OII Dry Gas | | |
| Change in Ownership | Casinghead Gas Condensa | te | |
| of change of ownership give name and address of previous owner | SOLAR OIL COMPANY Box | x 5596 Midland, Texa | As |
| DESCRIPTION OF WELL AND | IFASE | | Lease No. |
| DESCRIPTION OF WELL AND Lease Name | Well Mor Loot tramst trans- | | |
| Elk State | l Teague Blineb | ry State, Federal | or Fee State |
| Location | | | Nost |
| Unit Letter N : 33 | O Feet From The South Line | and 2310 Feet From Ti | ne west |
| _ | 22-5 | -F NMPM, Lea | County |
| Line of Section 16 To | ownship 23-S Range 37 | L 11041 PM LCG | |
| | TER OF OH AND NATIDAL CAS | | |
| DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL GAS | Address (Give address to which approve | ed copy of this form is to be sent) |
| | | Box 1910 Midland, To | exas |
| Shell Pipeline Compar Name of Authorized Transporter of Co | asinghead Gas Cor Dry Gas | Address (Give address to which approv | 1 |
| El Faso Natural Gas | Company | Box 1492 El Paso, T | |
| | Unit Sec. Twp. Ege. | Is gas actually connected? Whe | n |
| If well produces oil or liquids, give location of tanks. | M 16 23-S 37-E | Yes | |
| Visit is anaduction is commingled w | with that from any other lease or pool, g | ive commingling order number: | |
| COMPLETION DATA | | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. |
| | 011 11011 | | |
| Designate Type of Complet | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Date Spudded | Date Compt. Reddy to 1 tour | | |
| | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Elevations (DF, RKB, RT, GR, etc.) | , Maine of Francisco | ' | Depth Casing Shoe |
| Perforations | | | Depth Casing Shoe |
| Periorations | | | |
| | | CEMENTING RECORD | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | |
| | | | |
| | | | |
| | | | |
| | | for a service of social volume of load oil | and must be equal to or exceed top allow |
| . TEST DATA AND REQUEST | FOR ALLOWABLE (Test must be a able for this de | anth or be for this 44 "C" " | |
| OU WELL | Date of Test | Producing Method (Flow, pump, gas l | ift, etc.) |
| Date First New Oll Run To Tanks | Date of 1999 | | Chaha Siga |
| | Tubing Pressure | Casing Pressure | Choke Size |
| Length of Test | | | Gas-MCF |
| Actual Prod. During Tool | OII-Bbie. | Water - Bbls. | |
| Weight Lines Banks | | <u> </u> : | |
| | | | |
| GAS WELL | | Bble. Condensate/MMCF | Gravity of Condensate |
| Actual Prod. Test-MCF/D | Length of Test | Date. Condendato, mine. | |
| 1 | | Casing Pressure (Shut-in) | Choke Size |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | |
| | | OIL CONSERV | ATION COMMISSION |
| I. CERTIFICATE OF COMPLI | IANCE | | 19 |
| | | APPROVED | 13 |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given Commission have been jets to the heat of my knowledge and belief. | | ill - had to | Musel |
| Commission have been compli- | ed with and that the information go the best of my knowledge and belief | BY | - Con |
| 20070 10 100 | | TITLE | |
| | | This form is to be filed i | n compliance with RULE 1104. |
| | | If this is a request for all | owable for a newly difficult the deviati |
| well, this form mu | | well, this form must be account | James with BULE 111. |
| | | tests taken on the work in | must be filled out completely for allo |
| Area Manage | (Title) | able on new and recompletes | nw to changes of own |
| 201 | · | Fill out only Sections I. | II, III, and VI to change of condition |
| October 24, 1969 (Date) | | well name of number, or transp | nust be filed for each pool in multip |