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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

| | |
|---|---|
| Operator Energy Reserves Group, Inc. | |
| Address P.O. Box 2437 Midland, Texas 79701. | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change In Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change In Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner Clinton Oil Company P.O. Box 2437 Midland, Texas 79701

| | | | | | |
|---|--|---------------|--|--|----------------------|
| Lease Name Denius Federal | | Well No. 4 | Pool Name, Including Formation Corbin Abo | Kind of Lease State, Federal or Fee Fed. | Lease No. NMO4242 |
| Location Unit Letter L ; 1980 Feet From The S Line and 330 Feet From The W Line of Section 34 Township 17 Range 33 , NMPM, Lea County | | | | | |

| | | | | | |
|--|-----------|--|------------|------------|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | | | |
| Texas-New Mexico Pipeline Co. | | Box 1510 Midland, Texas | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | | | |
| Phillips Petroleum | | Bartlesville, Oklahoma | | | |
| If well produces oil or liquids, give location of tanks. | Unit I | Sec. 33 | Twp. 17 | Rge. 33 | Is gas actually connected? When Yes |

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

| | | | | | | | | | |
|--------------------------------------|-----------------------------|----------------------|----------|--------------|----------|--------------|-----------|-------------|--------------|
| 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 | | | |
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|---------------------------------|-----------------|-----------------|---|--|
| Date First New Oil Run To Tanks | | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 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 (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | |

| | | | |
|--|--|-----------------------------|--|
| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION 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. | | APPROVED _____, 19 | |
| BY _____ | | TITLE _____ | |
| 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 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 | | | |

Grey Hall

DISTRICT PRODUCTION CLERK

FEB. 20, 1976