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| U.S.G.S.                                |     |  |  |
| LAND OFFICE                             |     |  |  |
| IRANSPORTER                             | OIL |  |  |
| TRANSPORTER                             | GAS |  |  |
| OPERATOR                                |     |  |  |
| 000000000000000000000000000000000000000 |     |  |  |

## REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texas American Oil Corporation 300 West Wall, Suite 1012, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gas Recompletion Effective June 1, 1976 Casinghead Gas Change in Ownership X Condensate I change of ownership give name A. J. Vogel, Post Office Box 143, Midland, Texas 79701 DESCRIPTION OF WELL AND LEASE
Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee D & E Federal Lynch, Yates Seven Rivers Federal NM-082 Location ; 660 Feet From The South Line and 1980! Feet From The West Range 34E Township 20S . NMPM. Lea Line of Section County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Ctl or Condensate or Condensate Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Company of Authorized Transporter of Casinghead Gas X or Dry Ga P. O. Box 52332, Houston, Texas 77052
Address (Give address to which approved copy of this form is to be sent) NONE Sec. P.ge. Is gas actually connected? Twp. Unit When If well produces oil or liquids, give location of tanks. N 22 20S 34E No If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oll Well Gas Well New Well Workover Same Res'v. Dill. Res'v. Designate Type of Completion - (X) Total Depth Date Soudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Oil-Bbla. Water - Bbis. Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Bhut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED JUL 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. Orig **着**动。 TITLE . This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tosts taken on the well in accordance with RULE 111. Executive Vice President All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) Fill out only Sections 1, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. June 7, 1976

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

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| U.\$.G.\$.             |     |  |  |
| LAND OFFICE            |     |  |  |
| TRANSPORTER            | OIL |  |  |
|                        | GAS |  |  |
| OPERATOR               |     |  |  |
|                        |     |  |  |

|   | SANTA FE   |  | FOR ALLOWABLE  | 11551  | Form C-104 Supersedes Old C-104 and C-1 |
|---|--|--|--|--|---|
|   | FILE   | REQUEST  | HANDS OFFICE O.  | C; C.  | Effective 1-1-65                        |
|   | U.S.G.S.   | AUTHORIZATION TO TRA   | ANSPORT OIL AND  | NATLIPAL GAS   |   |
|   | LAND OFFICE  |  | JAN 4 10 29 M  |  |   |
|   | TRANSPORTER OIL  |  | יי כש טו די אוון   | , ,,   |   |
|   | GAS  | ***  |  |  |   |
|   | OPERATOR   |  |  |  |   |
| I.  | PRORATION OFFICE   |  | ·  |  |   |
|   | A. J. Vegel,   | Inc.   |  |  |   |
|   | Address  |  | _  |  |   |
|   | c/e Oil Repor  | ts & Gas Services, Box 76  |  |  |   |
|   | Reason(s) for filing (Check proper bo  |  | Other (Pleas   | e explain)   |   |
|   | New We!l   | Change in Transporter of:  |  |  |   |
|   | Recompletion Change in Ownership T   | Oil Dry Go Casinghead Gas Conde  | <del></del>  |  |   |
|   | Change in Ownership  | Casinghead Gas Conde   | iisdie   |  |   |
|   | If change of ownership give name and address of previous owner   | A. J. Vegel & Tem Brewn  | Drilling Co., I  | iex 763, Hebbs   | , N. M.                                 |
| II.   | DESCRIPTION OF WELL ANI  | Change effective 1/1/67 LEASE   Well No.   Pool Name, Including F  |  |  |   |
|   | Lease Name   | Well No. Pool Name, Including F  | ormation   | Kind of Lease  | Lease No.                               |
|   | D & E Federal  | 1 Lynch Y  | ates   | State, Federal or Fee  | Pederal NM-082                          |
|   | Location   |  |  |  |   |
|   | Unit Letter 3 ; 6  | 60 Feet From The South Lir   | ne and   | Feet From The  | West                                    |
|   |  |  |  |  |   |
|   | Line of Section 22 T   | ownship 20 S Range   | 34 E , NMPN  | l,   | Lea County                              |
| ***   | DESIGNATION OF TRANSPOL  | PER OF OIL AND NATURAL CA  | 16   |  |   |
| III.  | Name of Authorized Transporter of C  | RTER OF OIL AND NATURAL GA   |  | to which approved cop  | y of this form is to be sent)           |
|   |  |  |  | idland, Texas  |   |
|   | Texas-New Mexico P 'Name of Authorized Transporter of C  |  | Address (Give address  | to which approved cop  | y of this form is to be sent)           |
|   | Phillips Petroleum   | _  |  | e, Oklahoma  |   |
|   |  | Unit Sec. Twp. Rge.  | Is gas actually connect                                      |  |   |
|   | If well produces oil or liquids, give location of tanks.   | N 22 205 34E   | Yes  | į  | 2/16/61                                 |
|   | The state of the s |  |  |  |   |
| IV.   | COMPLETION DATA  | with that from any other lease or pool,  | give comminging orde   | number.  |   |
| - • •   |  | Oil Well Gas Well  | New Well Workover  | Deepen Plug  | Back   Same Restv. Diff. Restv          |
|   | Designate Type of Complet  | ion - (X)  |  |  |   |
|   | Date Spudded   | Date Compl. Ready to Prod.   | Total Depth  | P.B.   | r.D.                                    |
|   |  |  |  |  |   |
|   | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation  | Top Oil/Gas Pay  | Tubir  | ng Depth                                |
|   |  |  |  |  |   |
|   | Perforations   |  |  | Depti  | Casing Shoe                             |
|   |  |  |  |  |   |
|   |  | TUBING, CASING, ANI  | CEMENTING RECOR  | lD .   |   |
|   | HOLE SIZE  | CASING & TUBING SIZE   | DEPTH S  | ET   | SACKS CEMENT                            |
|   |  |  |  |  |   |
|   |  |  |  |  |   |
|   |  |  | <del>                                     </del>             |  |   |
|   |  |  | <u> </u>   |  |   |
| V.  | TEST DATA AND REQUEST  | FOR ALLOWABLE (Test must be a able for this de   | fter recovery of total volu<br>tepth or be for full 24 hour: | me of load oil and mus   | t be equal to or exceed top allow       |
|   | OIL WELL Date First New Oil Run To Tanks   | Date of Test   | Producing Method (Flow                                       |  |   |
|   |  |  |  |  |   |
|   | Length of Test   | Tubing Pressure  | Casing Pressure  | Chok   | e Size                                  |
|   | -  |  |  |  |   |
|   | Actual Prod. During Test   | Oil-Bhis.  | Water - Bbls.  | Gas-   | MCF                                     |
|   |  |  |  |  |   |
|   | <u> </u>   | the same of the sa |  | <del></del>  |   |
|   | GAS WELL   |  |  |  |   |
|   | Actual Prod. Test-MCF/D  | Length of Test   | Bbls. Condensate/MMC   | F Gravi  | ty of Condensate                        |
|   |  |  |  |  |   |
|   | Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)  | Casing Pressure (Shut  | -in) Choke   | e Size                                  |
|   |  |  |  |  |   |
| VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION |  |  |  | COMMISSION   |   |
|   |  |  |  |  | r r                                     |
|   | I hereby certify that the rules and  | regulations of the Oil Conservation  | APPROVED   | · · · · · ·  | , 19                                    |
|   | Commission have been complied with and that the information given  |  | 11   |  | 10 1                                    |
|   | above is true and complete to the  | ne best of my knowledge and beiler.  | Oro:   | the state of the s |   |
|   | •  |  | TITLE  | NUINGER ING.   | Experience of                           |
|   |  |  | 13   |  |   |

## VI.

| H. L. Smit     |
|----------------|
| (Signature)    |
| Agent          |
| (Title)        |
| January 4 1967 |

|          |              |  | •  |
|----------|--------------|--|----|
| APPROVED |              | <u> de la lacella de lace</u> | 19 |
|          |              |  |    |
| BY       | SICNE LETTER |  |    |
| TITLE    | ENGINEER I   | All Little of the file   |    |

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 completed wells.