

|                     |                                                              |
|---------------------|--------------------------------------------------------------|
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| DISTRIBUTION        |                                                              |
| SANTA FE            |                                                              |
| FILE                |                                                              |
| U.S.O.B.            |                                                              |
| LAND OFFICE         |                                                              |
| TRANSPORTER         | <input type="checkbox"/> OIL<br><input type="checkbox"/> GAS |
| OPERATOR            |                                                              |
| PACKAGING OFFICE    |                                                              |

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Texaco Producing Inc.

Address  
P. O. Box 728, Hobbs, New Mexico

|                                              |                                          |                                     |
|----------------------------------------------|------------------------------------------|-------------------------------------|
| Reason(s) for filing (Check proper box)      |                                          | Other (Please explain)              |
| <input type="checkbox"/> New Well            | Change in Transporter of:                |                                     |
| <input type="checkbox"/> Recompletion        | <input checked="" type="checkbox"/> Oil  | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Confinement Gas | <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

|                                |                |                                                               |                                              |                     |
|--------------------------------|----------------|---------------------------------------------------------------|----------------------------------------------|---------------------|
| Lease Name<br>East Eumont Unit | Well No.<br>79 | Pool Name, including Formation<br>Eumont Yates 7-Rivers Queen | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>B-2330 |
|--------------------------------|----------------|---------------------------------------------------------------|----------------------------------------------|---------------------|

Location

Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East

Line of Section 27 Township 19S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

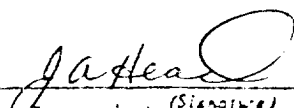
|                                                                                                                           |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 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. (0055-1951)                                                                                 | P.O. Box 2528, Hobbs, NM 88240                                           |
| Name of Authorized Transporter of Confinement 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) |
| Warren Petroleum Corp.                                                                                                    | P. O. Box 1589, Tulsa, OK 74012                                          |
| If well produces oil or liquids, give location of tanks.                                                                  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| I 27 19 37                                                                                                                | Yes 1957                                                                 |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
Hobbs Area Superintendent (Signature) 397-3571  
(Title)  
July 25, 1988 (Date)

OIL CONSERVATION DIVISION

APPROVED 1001 11 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

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 completed wells.

#### IV. COMPLETION DATA

|                                             |                             |          |                 |           |          |                   |              |             |             |
|---------------------------------------------|-----------------------------|----------|-----------------|-----------|----------|-------------------|--------------|-------------|-------------|
| 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, CR, etc.)          | Name of Producing Formation |          | Top Oil/Gas Pay |           |          | Tubing Depth      |              |             |             |
| Perforations                                |                             |          |                 |           |          | Depth Casing Shoe |              |             |             |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |           |          |                   |              |             |             |
| HOLE SIZE                                   | CASING & TUBING SIZE        |          |                 | DEPTH SET |          |                   | SACKS CEMENT |             |             |
|                                             |                             |          |                 |           |          |                   |              |             |             |
|                                             |                             |          |                 |           |          |                   |              |             |             |
|                                             |                             |          |                 |           |          |                   |              |             |             |
|                                             |                             |          |                 |           |          |                   |              |             |             |

#### 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 top flow able for this depth or be for full 24 hours)

|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| 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  |

#### GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

RECEIVED

JUL 26 1988