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Appropriate District Office  
DISTRICT I  
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DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

JUL 22 1991

O. C. D.  
ARTESIA, OFFICE

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |  |
|--|--|
| Operator<br>L & T OIL CO.  | Well API No.<br>30-015-22220   |
| Address<br>2209 WEST INDUSTRIAL MIDLAND, TEXAS 79701   |  |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)  |  |
| New Well <input type="checkbox"/>  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/>  | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                |
| Change in Operator <input checked="" type="checkbox"/>   |  |
| If change of operator give name and address of previous operator<br>BOYD ASSOCIATES, INC. P. O. BOX 11385 MIDLAND, TEXAS 79702 |  |

I. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |                    |
|---|---------------|--|--|--------------------|
| Lease Name<br>EDDY "GF" STATE   | Well No.<br>1 | Pool Name, including Formation<br>SOUTH CARLSBAD ATGKA | Kind of Lease<br>State, Federal or Private | Lease No.<br>L-187 |
| Location<br>Unit Letter C : 810' Feet From The North Line and 1980' Feet From The West Line<br>Section 16 Township 23S Range 27E, NMPM, Eddy County |               |  |  |                    |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br>EL PASO NATURAL GAS CO.                    | Address (Give address to which approved copy of this form is to be sent)                             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>EL PASO NATURAL GAS CO. | Address (Give address to which approved copy of this form is to be sent)<br>BOX 1384 Jal, N.M. 88252 |
| If well produces oil or liquids, give location of tanks.<br>Unit C Sec 16 Twp 23S Rge 27E   | Is gas actually connected? yes When? 5-16-90   |

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

V. COMPLETION DATA

|                                    |                                   |                                   |                                   |                                   |                                 |                                    |                                     |                                     |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input type="checkbox"/> |
| 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 |
|           |                      |           | Pat ID-3     |
|           |                      |           | 8-16-91      |
|           |                      |           | chg op.      |

VI. TEST DATA AND REQUEST FOR ALLOWABLE

|   |                 |   |            |
|---|-----------------|---|------------|
| OIL WELL (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.) |                 |   |            |
| Date First New Oil Run To Tank  | 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            |

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Pat Trammel  
Printed Name Pat Trammel President  
Date 6-27-91 Telephone No. 915/ 683-3661

OIL CONSERVATION DIVISION

Date Approved AUG 14 1991

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and tested wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool.

RECEIVED  
JUN 14 1964  
FBI - NEW YORK

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II  
JUN 14 1964