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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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 Page Energy | Well API No. 30-025-30592 |
| Address 1110 N. Big Spring, Midland, TX 79701 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|-----------|
| Lease Name F. M. Holloway | Well No. 1 | Pool Name, Including Formation South Knowles - Dev. | Kind of Lease State, Federal or <u>Fee</u> | Lease No. |
| Location Unit Letter <u>J</u> : <u>2086</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>17S</u> Range <u>38-E</u> , 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"/> Koch Oil Co. Division of Koch Industries | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX 76024 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co. 66 Natl Gas | Address (Give address to which approved copy of this form is to be sent) Frank Phillips Bldg, Bartlesville, OK 74004 | |
| If well produces oil or liquids, give location of tanks. | Unit <u>J</u> | Sec. <u>13</u> |
| | Twp. <u>17S</u> | Rge. <u>38-E</u> |
| | Is gas actually connected? Yes | When? Negotiating - ASAP |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|----------|--|----------|-----------------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded 5-5-89 | Date Compl. Ready to Prod. 6-26-89 | | Total Depth 12,072 | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3682.2 GR | Name of Producing Formation Devonian | | Top Oil/Gas Pay 12,052 | | Tubing Depth 11,966 | | | |
| Perforations Open Hole 12,052 - 72 | | | | | Depth Casing Shoe 12,052 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2 | 13 3/8 48# | | 352 | | 350 | | | |
| 12 1/4 | 8 5/8 32# | | 5009 | | 2414 | | | |
| 7 7/8 | 5 1/2 17# | | 12052 | | 1300 | | | |
| 4 3/4 | 2 3/8 | | 12067 | | | | | |

V. 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 6-26-89 | Date of Test 6-26-89 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 24 hrs | Tubing Pressure 60 PSI | Casing Pressure 0 | Choke Size 32/64 |
| Actual Prod. During Test | Oil - Bbls. 269.5 | Water - Bbls. 0 | Gas - MCF 175,000 |

GAS WELL

| | | | |
|---------------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. During Test | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (Flow, pump, gas lift) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief.

W. H. Routh
Signature
O. H. Routh Agent
Printed Name
7-3-89 Title
915-687-0323
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 10 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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

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JUL 10 1989

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