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 Appropriate District Office  
 DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
 1000 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MARK L. SHIDLER, INC.		Well API No. 30-025-11379
Address 911 WALKER, SUITE 565 HOUSTON, TX 77002		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" 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 W. A. RAMSAY (NCT-C)	Well No. 2	Pool Name, Including Formation NORTH JUSTIS (ELLENBERGER)	Kind of Lease (State) Federal or Fee	Lease No. B1732
Location				
Unit Letter M	: 330	Feet From The S	Line and 330	Feet From The W
Section 36	Township 24S	Range 37E	, NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT ENERGY CORP.	<input checked="" type="checkbox"/> EOT of Casinghead Gas Effective 4-1-91	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 4666 HOUSTON, TX 77210-4666
Name of Authorized Transporter of Casinghead Gas SID RICHARDSON GASOLINE CO.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 201 MAIN, SUITE 3000 FORT WORTH, TX 76102
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 36
	Twp. 24S	Rge. 37E
	Is gas actually connected? YES	
	When ?	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reiv	Diff Reiv
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		

V. TEST DATA AND REQUEST FOR ALLOWABLE

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.)

Producing Method (Flow, pump, gas lift, etc.)		
Casing Pressure	Choke Size	
Water - Bbls.	Gas- MCF	
Shut-in Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

State of New Mexico  
 Oil Conservation Division  
 This certifies that the information given above is true and correct.

Signature: GREGORY B. GREGSON  
 Printed Name: GREGORY B. GREGSON PETROL. CONSULTANT  
 Title: \_\_\_\_\_  
 Date: 8 NOV 1993 Telephone No. (713) 222-9291

OIL CONSERVATION DIVISION

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

RECEIVED

OLD FORDS  
2005