

| | | | | | |
|---|--------------------------|--|-------------------------------------|--|--|
| DISTRIBUTION | | NEW MEXICO OIL CONSERVATION COMMISSION | | Form C-104 Supersedes Old C-104 and C-105 Effective 1-1-65 | |
| SANTA FE | | REQUEST FOR ALLOWABLE | | | |
| FILE | | AND | | | |
| U.S.G.S. | | TRANSPORT OIL AND NATURAL GAS | | | |
| LAND OFFICE | | | | | |
| TRANSPORTER | OIL | <div>RECEIVED BY AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUN 04 1986 O. C. D. ARTESIA, OFFICE</div> | | | |
| | GAS | | | | |
| OPERATOR | | | | | |
| PRORATION OFFICE | | | | | |
| Operator | | | | | |
| The Harlow Corporation | | | | | |
| Address | | | | | |
| 600 Petroleum Building, Amarillo, Texas 79101 | | | | | |
| Reason(s) for filing (Check proper box) | | | | | |
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) | |
| Recompletion | <input type="checkbox"/> | Oil | <input checked="" type="checkbox"/> | | |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | | |
| | | Dry Gas | <input type="checkbox"/> | | |
| | | Condensate | <input type="checkbox"/> | | |

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------|----------|--------------------------------|-----------------------|---------------------------------------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| O'Brien Deming "13" | 1 | Twin Lakes-San Andres Assoc. | State, Federal or Fee | Fee |
| Location | | | | |
| Unit Letter | P | 330 | Feet From The | South Line and 330 Feet From The East |
| Line of Section | 13 | Township | 8 South | Range 28 East, NMPM, Chaves County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

| | | | | | | |
|--|--|------|------|------|----------------------------|----------|
| 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) | | | | | |
| The Permian Corporation Permian (Eff. 9 / 1 / 87) | P. O. Box 1183, Houston, Texas 77251 | | | | | |
| Name of Authorized Transporter of Casinghead 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) | | | | | |
| The Harlow Corporation | 600 Petroleum Building, Amarillo, TX 79101 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | P | 13 | 8S | 28E | Yes | 10-25-81 |

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

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Rea'y. | Diff. Rea'y. |
| 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 |
| | | | Pest ID-3 |
| | | | 6-13-86 |
| | | | Chg LT: NRC |

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)

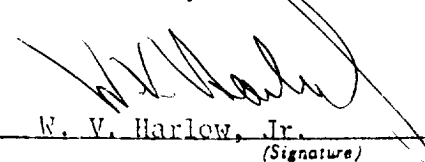
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.


W. V. Harlow, Jr.
(Signature)
President
(Title)
6-3-86
(Date)

OIL CONSERVATION COMMISSION

JUN 10 1986

APPROVED _____, 19

BY _____
Original Signed By
Les A. Clements

TITLE _____
Supervisor District II

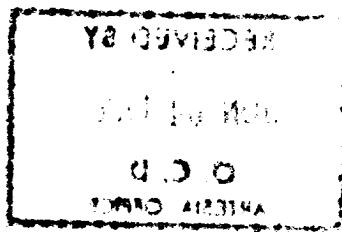
This form is to be filed in compliance with RULE 1104.

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 multiple



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