

| | |
|------------------|--|
| OFFICE | |
| TRANSPORTER | <input checked="" type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS |
| OPERATOR | <input checked="" type="checkbox"/> |
| PRORATION OFFICE | |

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-104 (Rev. 1-1-85)
Effective 1-1-85

RECEIVED

Operator Read & Stevens, Inc. ☒ FEB 22 '88Address P.O. Box 1518, Roswell, NM 88202

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|--------------------------|---------------------------|---|
| New Well | <input type="checkbox"/> | Change in Transporter Of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> |

Other (Please explain) O. C. D. ARTESIA, OFFICE

Effective March 1, 1988

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. |
| <u>Langley "Com"</u> | <u>1</u> | <u>Buffalo Valley Penn.</u> | <u>State, Federal XXXXXX</u> | <u>NM-2363</u> |

Unit Letter C; 990 Feet From The North Line and 1650 Feet From The West
Line Of Section 13 Township 15S Range 27E, NMPM, Chaves County

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>SCURLOCK PERMIAN CORP EFF 9-1-91</u> <u>Permian Corporation</u> | <u>P.O. Box 1183, Houston, TX 77002</u> |

| | |
|---|--|
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Transwestern Pipeline Co</u> | <u>P.O. Box 2521 Houston, TX 77252</u> |

| | | | | | | |
|-----------------------------------|----------|-----------|------------|------------|----------------------------|----------------|
| Does well produce oil or liquids, | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| Give location of tanks | <u>C</u> | <u>13</u> | <u>15S</u> | <u>27E</u> | <u>Yes</u> | <u>12-6-73</u> |

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

I. COMPLETION DATA

| | | | | | | | | |
|---|-------------------------|----------|----------|-----------------|--------|-------------------|------------|-------------|
| Designate Type of Completion-(X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff. Res'v |
| <input checked="" type="checkbox"/> Spudded | | | | | | | | |
| Date Compl. Ready to Prod | Total Depth | | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc) | Name of Prod. 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 |
| | | | <u>Port ID-3</u> |
| | | | <u>2-26-88</u> |
| | | | <u>by L.T. NRC</u> |

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

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 |

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.

John Manley
(Signature)

Engineer

(Title)

2-17-88

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 24 1988, 19BY Original Signed ByTITLE Mike Williams

This form is to be filed in accordance with Rule 1104.

If this is a request for allowable for a newly drilled 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.

REC-130
FEB 19 1988
OCD
HOBBS OFFICE