

OIL CONSERVATION DIVISION

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

NOV 2-89

DISF  
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OP

REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D.  
TO TRANSPORT OIL AND NATURAL GAS

|   |   |                       |              |
|---|---|-----------------------|--------------|
| Operator  | GENERAL ATLANTIC RESOURCES, INC. ✓  | Well API No.          | 30-005-60670 |
| Address   | 410 - 17th Street, Suite #1400, Denver, Colorado 80202 (303) 573-5100       |                       |              |
| 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 Transporter |              |
| 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  | Well No. | Pool Name, Including Formation | Atoka/Morrow  | Kind of Lease         | Lease No.     |
| WHITE STATE | #1       | Diamond Mound-                 |               | State, Federal or Fee | LG 5663       |
| Location    |          |                                |               |                       |               |
| Unit Letter | O        | 660                            | Feet From The | South                 | Line and 1980 |
| Section     | 35       | Township                       | 15 South      | Range                 | 27 East       |
|             |          |                                |               | NMPM,                 | Chaves        |
|             |          |                                |               | County                |               |

SCURLOCK PERMIAN CORP EFF 9-1-91  
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

|  |  |
|--|--|
| 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) |
| The Permian Corporation  | P.O.Box 1183, Houston, TX 77001  |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Northern Natural Gas Pipeline  | 2223 Dodge St., Omaha, NE 58102  |
| If well produces oil or liquids, give location of tanks.   | Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?           |
|  | O   35   15S   27E   Yes   7/30/80                                       |

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

IV. COMPLETION DATA

|                                    |                             |          |                 |          |                   |           |            |            |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v | Diff Res'v |
|                                    |                             | X        |                 |          |                   |           |            |            |
| 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 |
|           |                      |           | Post JO-3    |
|           |                      |           | 11-17-89     |
|           |                      |           | chg LT: NRC  |

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 | 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 (prior, 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 Judy K. Coley  
Printed Name Judy K. Coley, Secretary/Tech  
Date 10/31/89 Title (303) 573-5100  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 14 1989

By ORIGINAL SIGNED BY  
M. E. VILMANN  
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 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.