NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSCRIVATION COME Porm C-104 SANTA FE Superseday Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER RECEIVED GAS **OPERATOR** 1 DEC 8 1976 PRORATION OFFICE Fred M. Newman, Inc. O. C. C. ARTESIA, OFFICE 1618 Vest Denger, Reason(s) for filing (Check proper hox) Midland, Texas 79701 Other (Please explain) Change in Transporter of: New Well Recompletion Change in Ownership Castnahead Gas Condensate If change of ownership give name and address of previous owner Depco. Inc. 800 Central Odessa, Tx. 79760 I. DESCRIPTION OF WELL AND LEASE Well No.: Pool Name, Including Formation Kind of Lease Lease No. unit State, Federal or Fee**State** Hihr Lonesome weeken High Lonesome Penrose 8 Unit Letter H 1980 Feet From The North Line and 660 Feet From The _____ Line of Section 15 Township 16 , NMPM, Range 29 Eddy County I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate Scurlock Gil Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Vaugha Hdg. Midland or to be Jent 101 1s gas actually connected? When Unit Sec. Twp. If well produces oil or liquids, give location of tanks. G 15 16 29 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Resty, Diff. Resty Gas Well Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUDING, CASING, AND CEMENTING RECORD DEPTH SET SACKS CEMENT HOLE SIZE CASING & TUBING SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producting Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test 403 Casing Pressure Choke Size Tubing Pressure Length of Test Water - Bble. Actual Fred, During Test Oil - Ebla. GAS WELL Actual Fred. Tost-MCF/D Length of Tost Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Ehut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) . CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oll Connervation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION COMMISSION

DEC 9

TITLE SUPERVISOR, DISTRICT IL

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

If this is a request for allowable for a newly diffied or despended well, this form must be accompanied by a tabulation of the d visited tests taken on the well he accordance with HULK 111.

All sections of this form must be filled out completely for allowable on new and recount and walls.

Fift out only Sacrious I, H. III, and VI for changes of owner, well name or number, or transporter or other such change of condition.