HO. OF COPIES RECRIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMM. Supergedes Old C-104 and C-11c Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE LILE AND U.S.G.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER RECEIVED GAS OPERATOR PHORATION OFFICE CEC 14 1975 Operator LAYTON ENTERPRISES, INC. 3103 791h STREET Address J. 🕶 🚆 LUBBOCK, TEXAS 79423 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter New Well DATE 12-1-76 FECTIVE 011 Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership وز بعرو If change of ownership give name ONTINENTAL and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Pool Name, including Formation Well No. Kind of Lease Lease Nan State, Federal or Fee F - DE AL 063496 1 20 FOREST Location SOUTH Line and 520 Range 29E NMPM County Township Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of OII NAYAJO CRUDE OIL PURCHASING. Nome of Authorized Transporter of Casinghead Gas or Dry FREEMAN AVE. ARTESIA. N.M. 88210 address to which approved copy Is gas actually connected? Sec. P.ge. Twp. If well produces oil or liquids, give location of tanks. :34 16 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Hes'v. Diff. Res'v Gas Well New Well Workover Deepen Flug Back Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT / DEPTH SET CASING & TUBING SIZE HOLE SIZE Test must be after recovery of total volume of load oil and must be equal to or exceed top alizable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Dute First New Oil Run To Tanks Date of Test

Chcke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Actual Pred. During Tool Oil - Bblo.

GAS WELL Gravity of Condensate Length of Test Bbls, Condensate/MMCF Actual Fred, Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Prossure (Shut-14) Testing Mothed (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

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

(Title)

(Date)

OIL CONSERVATION COMMISSION

DEC 1 6 1976 SUPERVISOR, DISTRICT, IL TITLE .

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

If this is a request for allowable for a newly diffic ter despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULL 111.

All sections of this form must be filled out completely for allowable on now and accompleted yiells.

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