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| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-65

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FEB 15 1978

| | |
|--|--|
| Operator | Holly Energy, Inc. ✓ |
| Address | 2001 Bryan Tower, Suite 2680, Dallas, Texas 75201 |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change In Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Re-completion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change In Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Effective Feb. 1, 1978 from TMM | |

If change of ownership give name and address of previous owner

| | | | | | |
|-----------------|-------------|--------------------------------|----------|--------------------------------|-----------|
| Well Name | Well No. | Pool Name, including Formation | GPR SA | Kind of Lease | Lease No. |
| McIntyre P | 2 | Grayburg-Jackson Queen | | State, Federal or Free Federal | 1000000 |
| Location | Unit Letter | Feet From The | Line and | Feet From The | |
| | N | 660 | South | 660 | West |
| Line of Section | 20 | Township | 17S | Range | 30E |
| | | | | N.M.S.M. | Body |

| | | | | | |
|--|--|------|------|------|---------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | |
| 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) | | | | |
| Navajo Refining Company - Pipeline | Drawer 159, Artesia, N.M. 88210 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | |
| | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Soc. | Twp. | Pge. | Is gas actually connected? When |
| | L | 20 | 17 | 30 | |

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 |
| | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| Elevations (DF, R&B, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Testing Depth | | |
| Perforations | | | | Depth Casing Shoe | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | |
|---|------------------|---|------------|
| TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed up oil able 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 | Testing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - bbls. | Water - bbls. | Gas - MCF |
| Pested LD-3 2/24/78 change to KT nco | | | |

| | | | |
|----------------------------------|----------------------------|---------------------------|---------------------------|
| GAS WELL | | | |
| Actual Prod. Test - MCF/D | Length of Test | Wellb. Confirmed/MCF | Gravity of Gas (lb/cu ft) |
| Testing Method (flow, back prod) | Testing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

| | | | |
|--|--|---|--|
| CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED FEB 20 1978 | |
| Robert H. Loyd (Signature) | | BY W. A. Gressett | |
| Supt. & Exploration (Title) | | SUPERVISOR, DISTRICT II | |
| Feb. 8, 1978 | | TITLE | |
| | | This form is to be filed in compliance with RULE 1104. | |
| | | If this be a request for allow. for a newly drilled or deep well, this form must be accompanied by a tabulation of the well logs taken on the well in accordance with RULE 111. | |
| | | All well logs of 150 ft. or over must be filed out completely and all other logs must be filed out completely. | |
| | | File out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of condition. | |

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| LAND OFFICE | | |
| TRANSPORTER | OIL | / |
| | GAS | |
| OPERATOR | | / |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

DEC 27 1976

I. Operator HOLLY ENERGY, INC.
Address 2100 BRYAN TOWER, SUITE 2680, DALLAS, TEXAS 75201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Eff. Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ 12-15-76 Other (Please explain)

If change of ownership give name and address of previous owner Franklin, Aston & Fair, Ltd., P.O. Box 1090, Roswell, N. M. 88201

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------|--------------------------------|-------------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| McIntyre B | 2 | Grayburg-Jackson ON GBR SA | State, Federal or Fee Federal | LC060999 |
| Location | | | | |
| Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>20</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------|------|------|----------------------------|------|
| 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) | | | | | |
| Texas New Mexico Pipeline Company | P.O. Box 1510 Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | L | 20 | 17S | 30E | No Gas Production | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 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 |

VI. 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.

J. H. Lyon

Operations Mgr.

12-15-76

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 29 1976
BY W. A. Grossert
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 multiply completed wells.