DISTRIBUTION NEW MEXICO OIL CONSERVATION CO! SANTA FE SION Form C-104 REQUEST FOR ALLOWABLE FILE Supersedes Old C-104 and C-110 AND Effective 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS RECEIVED OPERATOR PRORATION OFFICE Operator NOV 1 2 1975 FRANKLIN, ASTON & FAIR, LTD. V Address 0. c. c. P. O. Box 1090, Roswell, New Mexico 88201 ARTESIA, OFFICE Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: effective Recompletion OII Dry Gas Change in Ownership X 11-1-75 Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ Franklin, Aston & Fair, Inc., P. O. Box 1090, Roswell, N. M. 88201 1. DESCRIPTION OF WELL AND LEASE Lease Nam Well No. Pool Name, Including Formation Brighem B Legge No. 2 Fren Seven Rivers State, Federal or Fee Federal L (028992(j) Location Unit Letter M 330 Feet From The South Line and 990 Feet From The West Line of Section 22 Township 175 Range 30E , NMPM. Eddv County I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate 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.
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas Continental Maljamar Plant Drawer 1267, Ponca City, Oklahoma 74602 Unit Sec. If well produces oil or liquids, give location of tanks. Twp. Is gas actually connected? When N ! 22 17S :_ Yes ! August 1962 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Deepen Plug Back Same Hes'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 Oll/Gas Pay Tubing 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 top allowable for this depth or be for full 24 hours) OIL WELL Date First New Oll Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Leagth of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bhla. Water - Bbls. Gaa-MCF GAS WELL Actual Prod. Test-MCF/D Leagth of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (picot, back pr.) Tubing Pressure (Shut-in) Coaing Pressure (Shut-in) Choke Size I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED_NOV 17 1975 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. TITLE SUPERVISOR, DISTRICT I Jan P. Stephens This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE III. All anctions of this form must be filled out completely for allowable on new and recompleted wells. 11-7-75 Fill out only Sactions 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.