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|------------------|-----|---|
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | 1 |
| | GAS | 1 |
| OPERATOR | | 1 |
| PRORATION OFFICE | | |

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Effective 1-1-65

MAR 21 1973

1.

| | | | |
|--|---|----------------------------------|------------------------|
| Operator | BEARING SERVICE & SUPPLY CO., INC. | | O. C. C. |
| Address | P. O. BOX 100, ARTESIA, NEW MEXICO 88210 | | ARTESIA, OFFICE |
| Reason(s) for filing (Check proper box) | Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | Change well name and No. | |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> | Was Platt "A" Well #1: Change to | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | PLATT WELL #4 | |
| | Dry Gas <input type="checkbox"/> | <i>Loc of Tanks.</i> | |
| | Condensate <input type="checkbox"/> | | |
| If change of ownership give name and address of previous owner _____ | | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------|-----------------------|--|---------------------------|------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Platt | 4 | Dayton-Abo | State, Federal or Fee | Fee |
| Location | | | | |
| Unit Letter M | 660 | Feet From The South Line and 485 | Feet From The West | |
| Line of Section 26 | Township 18 S. | Range 26E. | NMPM, Eddy | 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) | | | | | |
| Navajo Pipeline Co. Crude Oil Purchasing Co. | North Freeman St., Artesia, N.M. | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Phillips Petr. Co. | 4111 Y Wash. Odessa, Texas 79760 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | M-1 | 26 | 18S | 26 E | NO | |

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.

[Signature]
(Signature)
AGENT
(Title)
MARCH 21, 1973
(Date)

OIL CONSERVATION COMMISSION

MAR 21 1973

APPROVED _____, 19____
BY *[Signature]*
TITLE **OIL AND GAS INSPECTOR**

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.