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

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

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JUN 1 1966

O. C. C.  
ARTESIA, OFFICE

|                                         |                                     |
|-----------------------------------------|-------------------------------------|
| Operator                                | American Petrofina Company of Texas |
| Address                                 | P. O. Box 1311, Big Spring, Texas   |
| Reason(s) for filing (check proper box) | Other (Please explain)              |
| New Well                                | <input type="checkbox"/>            |
| Recompletion                            | <input type="checkbox"/>            |
| Change In Ownership                     | <input checked="" type="checkbox"/> |

If change of ownership give name and address of previous owner: Petroleum Corporation of Texas, P.O. Box 752, Breckenridge, Texas

II. DESCRIPTION OF WELL AND LEASE

|                       |               |                                |                             |
|-----------------------|---------------|--------------------------------|-----------------------------|
| Lease Name            | Well No.      | Well Name, including formation | Kind of Lease               |
| Levers State #703 (2) | 5             | Queen Grayburg San Andres      | State, Federal or Fee State |
| Location              | Unit Letter   | 0                              | 1082                        |
|                       | Foot from the | South                          | 1562                        |
|                       | Foot from the | East                           |                             |
| Line of Section       | 4             | Township                       | 18S                         |
|                       | Range         | 28E                            | Eddy County                 |

III. 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) |
| Temporarily Abandoned                                   |                                                                          |
| Name of Authorized Transporter of oil and/or gas        | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks | Is gas actually connected? When                                          |

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)     | New Well                     | Workover        | Deepen       | Plug Back         | Same Res'v. | Diff. Res'v. |
| Date Spudded                         | Date Compl. Ready to Prod.   | Total Depth     |              |                   |             |              |
| Pool                                 | Name of Underlying Formation | Top Oil/Gas Pay |              | tubing Depth      |             |              |
| Perforations                         |                              |                 |              | Depth Casing Shoe |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                              |                 |              |                   |             |              |
| PIPE 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 test allowable for this depth or be for full 24 hours)

|                                   |                 |                                             |
|-----------------------------------|-----------------|---------------------------------------------|
| Date First Flow Test Run To Tanks | Date of Test    | Flowing Method (churn pump, gas lift, etc.) |
| Length of Test                    | Tubing Pressure | Casing Pressure                             |
| Actual Prod. During Test          | Oil Tests       | Water Tests                                 |

GAS WELL

|                                  |                 |                 |                        |
|----------------------------------|-----------------|-----------------|------------------------|
| Actual Prod. Test (MCF/D)        | Length of Test  | Pressure (MPSI) | Capacity of Compressor |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | 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

David Day  
Chief Production Clerk  
May 18, 1966

OIL CONSERVATION COMMISSION

APPROVED JUN 2 1966  
By M. L. Armstrong  
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 Sections I, II, III, and VI only 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 multiple completions.