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| TRANSPORTER            | OIL |
|                        | GAS |
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NEW MEXICO OIL CONSERVATION COMMISSION  
**RECEIVED**  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
 NOV 3 1971

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

O. C. C.  
 ARTESIA, OFFICE

**I. Operator**  
 Operator: Crown Central Petroleum Corporation  
 Address: 1010 Bank of the Southwest Bldg., Houston, Texas 77002  
 Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate   
 Other (Please explain):  
 If change of ownership give name and address of previous owner: Sunset International Petroleum Corporation  
2400 Fidelity Union Tower, Dallas, Texas 75201

**II. DESCRIPTION OF WELL AND LEASE**

|  |                      |  |   |                                |
|--|----------------------|--|---|--------------------------------|
| Lease Name<br><u>Holt Federal</u>  | Well No.<br><u>1</u> | Pool Name, including Formation<br><u>Benson Queen Grayburg North</u> | Kind of Lease<br>State, Federal or Fee<br><u>Fed.</u> | Lease No.<br><u>NM-0318474</u> |
| Location<br>Unit Letter <u>N</u> : <u>990</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u><br>Line of Section <u>29</u> Township <u>18S</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"/><br><u>Permian Corporation</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 1183, Houston, Texas 77001</u> |                   |                   |                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>None</u>                   | 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<br><u>N</u>  | Sec.<br><u>29</u> | Twp.<br><u>18</u> | Rge.<br><u>30</u> |
|  | 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)          | 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 |             |              |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |          |              |                   |             |              |
| HOLE SIZE                                   | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT |                   |             |              |
|   |                             |          |                 |          |              |                   |             |              |
|   |                             |          |                 |          |              |                   |             |              |
|   |                             |          |                 |          |              |                   |             |              |

**V. 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)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| 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.

H. R. Thompson  
 (Signature)  
 Agent  
 (Title)

OIL CONSERVATION COMMISSION  
 NOV 17 1971

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY W. A. Gressett  
 OIL AND GAS INSPECTOR

TITLE \_\_\_\_\_

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 allow-