DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 ANTAFE Superseden ald Cally and C. KEWITEST FOR ALLOWABL Effective 1-1-65 ILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED .s.g.s. AND OFFICE OIL OCT 1 6 1973 TRANSPORTER GAS OPERATOR PRORATION OFFICE O. C. C Operator ARTESIA, DEFICE TEXACO Inc. Address P. O. Box 728, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) To change lease name & well no. from N.M. 'CY' State NCT-1, Well No. 3 to Change in Transporter of: hecompletion Dry Gas Change in Ownership North Benson Queen Unit, Well No. 42 Castnahead Gan Condensate Effective 10-1-73 If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Legse No. North Benson Queen Unit 42 North Benson Queen Grayburg State, Federal or Fee E-9262 1980 Feet From The North Line and 1980 Unit Letter West Feet From The Township 18**-**S Line of Section Range 30-E , NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Address (Give address to which approved copy of this form is to be sent) or Condensate P. O. Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Name of Authorized Transporter of Casinghead Gas er Dry Gas None Unit Sec. TTWP. F.ge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. 18-S 30-E No \mathbf{E} 32 If this production is commingled with that from any other lease or pool, give commingling order number: Cii Well Gas Well New Well Workover Plug Bock Same Resty. Diff. Resty. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Fred. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Preducing 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 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil 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-Etle. Water - Bbls. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitat, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION OCT 19 1973 APPROVED 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. OIL AND GAS INSPECTOR This form is to be filed in compliance with RULE 1104. 111 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. (Signature) asst. dist. Suft. All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) 1010 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 multip

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