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| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

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

Form C-104  
Supersedes Old C-101 and C-102  
Effective 1-1-78  
**RECEIVED**

JUL 21 1980

O. C. D.  
ARTESIA, OFFICE

|                                                                                                      |                                                                         |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Operator<br><b>Clarence Forister</b> ✓                                                               |                                                                         |
| Address<br><b>PO Box 161, Artesia, NM 88210</b>                                                      |                                                                         |
| Reason(s) for filing (Check proper box)                                                              | Other (Please explain)                                                  |
| New Well <input type="checkbox"/>                                                                    | Change in name of Operator                                              |
| Recompletion <input type="checkbox"/>                                                                | From Gene A. Snow effective                                             |
| Change in Ownership <input type="checkbox"/>                                                         | May 1, 1980.                                                            |
| Change in Transporter of:<br>Oil <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> | Dry Gas <input type="checkbox"/><br>Condensate <input type="checkbox"/> |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

|                                      |                        |                                                                  |                                              |                              |
|--------------------------------------|------------------------|------------------------------------------------------------------|----------------------------------------------|------------------------------|
| Lease Name<br><b>S &amp; T State</b> | Well No.<br><b>2</b>   | Pool Name, Including Formation<br><b>South Loco Hills Q-G-SA</b> | Kind of Lease<br><b>State</b> Federal or Fee | Lease No.<br><b>K-4795</b>   |
| Location                             |                        |                                                                  |                                              |                              |
| Unit Letter<br><b>H</b>              | <b>1650</b>            | Feet From The<br><b>North</b>                                    | Line and<br><b>990</b>                       | Feet From The<br><b>East</b> |
| Line of Section<br><b>32</b>         | Township<br><b>18S</b> | Range<br><b>29E</b>                                              | NMPM, <b>Eddy</b> County                     |                              |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                            |                                                                                                                     |                   |                    |                    |                                          |                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|--------------------|------------------------------------------|------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Navajo Crude Oil Purchasing Co.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>PO Drawer 175, Artesia, NM 88210</b> |                   |                    |                    |                                          |                        |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Phillips Petroleum Co.</b>  | Address (Give address to which approved copy of this form is to be sent)<br><b>Bartlesville, OK 74004</b>           |                   |                    |                    |                                          |                        |
| If well produces oil or liquids,<br>give location of tanks.                                                                                                | Unit<br><b>F</b>                                                                                                    | Sec.<br><b>32</b> | Twp.<br><b>18S</b> | Rge.<br><b>29E</b> | Is gas actually connected?<br><b>Yes</b> | When<br><b>3/10/76</b> |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

COMPLETION DATA

|                                    |                             |                   |          |              |          |        |           |            |             |
|------------------------------------|-----------------------------|-------------------|----------|--------------|----------|--------|-----------|------------|-------------|
| Designate Type of Completion - (X) |                             | Oil Well          | Gas Well | New Well     | Workover | Deepen | Plug Back | Same Rest. | Diff. Rest. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth       |          | P.B.T.D.     |          |        |           |            |             |
| Elevations (DF, RKB, RT, CR, 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

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.

*Clarence Forister*  
(Signature)

*May 29, 1980*  
(Date)

OIL CONSERVATION COMMISSION  
JUL 28 1980

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *Mike Williams*  
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 deviated tests taken on the well in accordance with RULE 111.  
All portions 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.