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|-------------------|----------------|
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| SANTA FE          | /              |
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| O.S.G.S.          | /              |
| LAND OFFICE       | /              |
| TRANSPORTER       | OIL /<br>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-104 and C-11  
Effective 1-1-65

Operator  
Harvey E. Yates Company, Inc. ✓

Address  
Suite 1000 Security National Bank Bldg., Roswell, New Mexico 88201

|                                              |                                                   |                                     |  |
|----------------------------------------------|---------------------------------------------------|-------------------------------------|--|
| Reason(s) for filing (Check proper box)      |                                                   | Other (Please explain)              |  |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of <input type="checkbox"/> |                                     |  |
| Recompletion <input type="checkbox"/>        | Oil <input type="checkbox"/>                      | Dry Gas <input type="checkbox"/>    |  |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/>           | Condensate <input type="checkbox"/> |  |

If change of ownership give name and address of previous owner  
*R-5838  
11-1-78  
S. Espino Morrow gas*

|                               |    |          |                                |                               |                        |
|-------------------------------|----|----------|--------------------------------|-------------------------------|------------------------|
| DESCRIPTION OF WELL AND LEASE |    | Well No. | Pool Name, including Formation | Kind of Lease                 | Lease No.              |
| Travis Deep Unit              |    | 1        | Wildcat Morrow                 | State, Federal or Fee Federal | NM-23417               |
| Location                      |    |          |                                |                               |                        |
| Unit Letter                   | K  | 1980     | Feet From The South            | Line and 1684                 | Feet From The West     |
| Line of Section               | 18 | Township | 18S                            | Range                         | 29E, NMPM, Eddy County |

|                                                                                                                          |                                     |                                                                          |                 |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------|-----------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                        |                                     | Address (Give address to which approved copy of this form is to be sent) |                 |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Navajo Crude Oil Purchasing Company | N. Freeman Avenue, Artesia, New Mexico 88210                             |                 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | El Paso Natural Gas Company         | 1800 Wilco Bldg., Midland, Texas 79701                                   |                 |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit K, Sec. 18, Twp. 18, Rge. 29   | Is gas actually connected?                                               | When 23 5-14-77 |

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

|                                      |                                      |                             |                   |                 |          |                   |           |                |                 |
|--------------------------------------|--------------------------------------|-----------------------------|-------------------|-----------------|----------|-------------------|-----------|----------------|-----------------|
| COMPLETION DATA                      |                                      | Oil Well                    | Gas Well          | New Well        | Workover | Deepen            | Plug Back | Same Reservoir | Unit, Reservoir |
| Designate Type of Completion - (X)   |                                      |                             | X                 | X               |          |                   |           |                |                 |
| Date Spudded                         | 1-9-77                               | Date Compl. Ready to Prod.  | 3-22-77           | Total Depth     | 11,375'  | P.B.T.D.          | 11,335'   |                |                 |
| Elevations (DF, RKB, RT, GR, etc.)   | 3555.' GR                            | Name of Producing Formation | Morrow            | Top Oil/Gas Pay | 10,844'  | Tubing Depth      | 10,825'   |                |                 |
| Perforations                         | 10,844' - 10,851' - 4 Shots per Foot |                             |                   |                 |          | Depth Casing Shoe | 11375     |                |                 |
| TUBING, CASING, AND CEMENTING RECORD |                                      |                             |                   |                 |          |                   |           |                |                 |
| HOLE SIZE                            | CASING & TUBING SIZE                 | DEPTH SET                   | SACKS CEMENT      |                 |          |                   |           |                |                 |
| 15"                                  | 12 3/4"                              | 364' RT                     | 425 Sx C1 C 2% CC |                 |          |                   |           |                |                 |
| 11"                                  | 8 5/8"                               | 3500' RT                    | 300 Sx C1 C CC    |                 |          |                   |           |                |                 |
| 7 7/8"                               | 4 1/2"                               | 11,375' RT                  | 950 Sx C1 C CC    |                 |          |                   |           |                |                 |
|                                      | 2 3/8"                               | 10,825'                     |                   |                 |          |                   |           |                |                 |

|                                              |                 |                                                                                                                                               |            |
|----------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 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 PLEASE SEE ATTACHED MULTI-POINT AND 1 POINT BACK PRESSURE TEST |                           |                                  |                       |
| Actual Prod. Test-MCF/D                                                 | Length of Test            | Bbls. Condensate/MMCF            | Gravity of Condensate |
| AOF 35,144.3                                                            | 4 Hrs                     |                                  |                       |
| Testing Method (prior, back pr.)                                        | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) Packer | Choke Size            |
| 4 Point                                                                 |                           |                                  |                       |

|                                                                                                                                                                                                              |  |                                                                                                                                                                                    |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| CERTIFICATE OF COMPLIANCE                                                                                                                                                                                    |  | OIL CONSERVATION COMMISSION                                                                                                                                                        |                         |
| 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. |  | APPROVED                                                                                                                                                                           | MAY 23 1977             |
|                                                                                                                                                                                                              |  | BY                                                                                                                                                                                 | W. A. Gressett          |
|                                                                                                                                                                                                              |  | TITLE                                                                                                                                                                              | SUPERVISOR, DISTRICT II |
| (Signature)                                                                                                                                                                                                  |  | This form is to be filed in compliance with RULE 1104.                                                                                                                             |                         |
| Vice President                                                                                                                                                                                               |  | If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of test data taken on the well in accordance with RULE 110. |                         |
| (Title)                                                                                                                                                                                                      |  | All sections of this form must be filled out completely for allowable on new and recompleted wells.                                                                                |                         |
| May 9, 1977                                                                                                                                                                                                  |  | Fill out only Sections I, II, III, and VI for change of name, well name or number, or transporter, or other such change of conditions.                                             |                         |
| (Date)                                                                                                                                                                                                       |  |                                                                                                                                                                                    |                         |

1950

700 01 144

1990