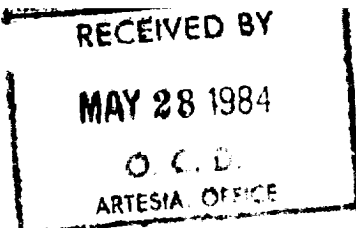


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	☒
FILE	☒
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☒
OIL	☒
GAS	☒
OPERATOR	☒
PRODUCTION OFFICE	

I. Operator Costa Resources, Inc.

Address 3303 Lee Parkway, Suite 111, Dallas, TX 75219

Reason(s) for filing (Check proper box)

☒ New Well	<u>ADD</u> Transporter of:	Other (Please explain)
☐ Recompletion	☒ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☒ Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Two Forks State</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Empire South Morrow</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-8814-1</u>
Location				
Unit Letter <u>B</u>	<u>660</u> Feet From The <u>North</u> Line and <u>2090</u> Feet From The <u>East</u>			
Line or Section <u>2</u>	Township <u>18S</u>	Range <u>28E</u>	NMPM, <u>Eddy</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, TX 79701</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <u>Costa Resources, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1000, Midland, TX 79701</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>B 2 18S 28E</u> <u>yes</u> <u>4-25-84</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)

Vice President

(Title)

5/21/84

(Date)

OIL CONSERVATION DIVISION

MAY 29 1984

APPROVED _____, 19 _____

BY Leslie A. Clements
Supervisor District II

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETE DATA

Designate Type of Completion - (X)

Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded							
Date Compl. Ready to Prod.							
Total Depth							
P.B.T.D.							
Name of Producing Formation							
Top Oil/Gas Pay							
Tubing Depth							
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

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	Testing Method (Piston, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size