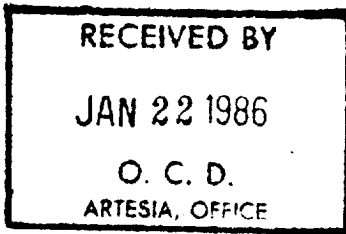


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT



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

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |                                     |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED |                                     |
| DISTRIBUTION           |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.G.S.               | <input checked="" type="checkbox"/> |
| LAND OFFICE            |                                     |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OIL                    | <input checked="" type="checkbox"/> |
| GAS                    | <input type="checkbox"/>            |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE      | <input type="checkbox"/>            |

I.

Operator  
Point Petroleum Corporation ✓

Address  
P.O. Box 3805, Midland, Tx. 79702

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)  
Effective 1/19/86

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

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                             |               |                                                           |                                                    |                       |
|-------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------|----------------------------------------------------|-----------------------|
| Lease Name<br>Keohane et al B Federal                                                                       | Well No.<br>2 | Pool Name, Including Formation<br>Shugart (Y. SR. Q. G. ) | Kind of Lease<br>State, Federal or Fee Federal 71- | Lease No.<br>029390-A |
| Location                                                                                                    |               |                                                           |                                                    |                       |
| Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> |               |                                                           |                                                    |                       |
| Line of Section <u>28</u> Township <u>18S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County                   |               |                                                           |                                                    |                       |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

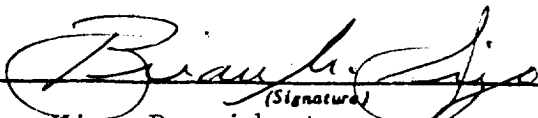
|                                                                                                                                              |                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Tesoro Crude Oil Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2297, Midland, Tx. 79702   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                                | Address (Give address to which approved copy of this form is to be sent)<br>Post ID-3<br>2-14-86<br>Chg LT: YHM |
| If well produces oil or liquids,<br>give location of tanks.                                                                                  | Unit Sec. Twp. Rge. Is gas actually connected? When                                                             |
| K 28 18S 31E                                                                                                                                 |                                                                                                                 |

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)

Vice President

(Title)

1/19/86

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 6 1986, 19  
BY \_\_\_\_\_ Original Signed By  
Les A. Clements  
TITLE \_\_\_\_\_ Supervisor District II

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. COMPLETION DATA

|                                    |  |          |          |          |          |        |           |             |             |
|------------------------------------|--|----------|----------|----------|----------|--------|-----------|-------------|-------------|
| Designate Type of Completion - (X) |  | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Dif. Res'v. |
|------------------------------------|--|----------|----------|----------|----------|--------|-----------|-------------|-------------|

|                                      |                             |                 |              |
|--------------------------------------|-----------------------------|-----------------|--------------|
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |
| Elevations (D.F., RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Performances                         |                             |                 |              |

#### TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|

#### V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

|                                 |                 |                                               |
|---------------------------------|-----------------|-----------------------------------------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                                 |
|                                 |                 | Gas - MCF                                     |

#### GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Tooling Method (Pilot, back pr.) | Tubing Pressure (Shut-In) | Casing Pressure (Shut-In) | Choke Size            |