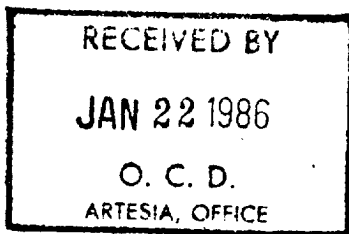


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

I. Operator
Point Petroleum Corporation ✓

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

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☒ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

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 Shugart B	Well No. 3	Pool Name, including Formation Shugart (Y.SR.Q.G.)	Kind of Lease State, Federal or Fee Federal	Lease No. 029390
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>33</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 ☒ or Condensate ☐ Tesoro Crude Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, TX., 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co	Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>33</u> Twp. <u>18S</u> Rge. <u>31E</u>	<u>yes</u> <u>1-1-61</u> <u>Post ID-3</u>

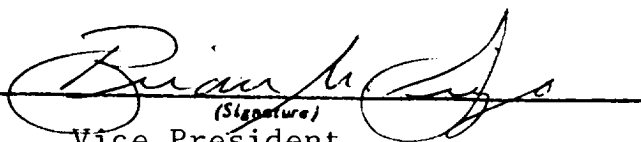
If this production is commingled with that from any other lease or pool, give commingling order number: _____

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

Chg WT:THM

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)

Effective 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.

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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Water Spudded	Water 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	Depth Casing Shoe		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Date First New Oil Run to Tanks

Length of Test	Tubing Pressure	Coasting Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Actual Prod. Test-MCF/D	Length of Test	Bile. Condensate/MMCF	Gravity of Condensate
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cooling Method (pistol, back pr.)	Tubing Pressure (Shot-1a)	Casing Pressure (Shot-1a)	Choke Size
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