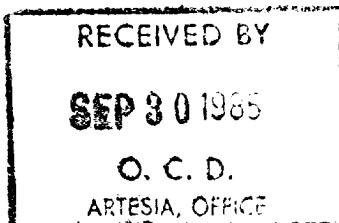


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT



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

|                        |     |   |
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| SANTA FE               |     | ✓ |
| FILE                   |     | ✓ |
| U.S.O.S.               |     |   |
| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL | ✓ |
|                        | GAS | ✓ |
| OPERATOR               |     | ✓ |
| PROMOTION OFFICE       |     |   |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Entex Petroleum, Inc. ✓

Address P.O. Box 14857, Oklahoma City, Oklahoma 73113

Reason(s) for filing (Check proper box)

|                                                         |                                         |                                     |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Well                       | Change in Transporter of:               | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Oil            | <input type="checkbox"/> Condensate |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas |                                     |

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner William Moss Properties, 5503 Lee Parkway, Dallas, Texas 75219

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                              |                       |                                                              |                                                     |                            |
|--------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| Lease Name<br><u>Parkway West Unit</u>                                                                       | Well No.<br><u>#1</u> | Pool Name, including Formation<br><u>Parkway West Strawn</u> | Kind of Lease<br>State, Federal or Fee <u>State</u> | Lease No.<br><u>K-3155</u> |
| Location                                                                                                     |                       |                                                              |                                                     |                            |
| Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1,980</u> Feet From The <u>West</u> |                       |                                                              |                                                     |                            |
| Line of Section <u>28</u> Township <u>19 South</u> Range <u>29 East</u> , NMPM, <u>Eddy</u> County           |                       |                                                              |                                                     |                            |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent)                    |
| <u>KOCH Oil Company</u>                                                                                                  | <u>P.O. Box 1484, Breckenridge, Texas 76024</u>                                             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)                    |
| <u>El Paso Natural Gas Company</u>                                                                                       | <u>P.O. Box 1520, Hobbs, New Mexico 88240</u><br><u>P.O. Box 1492, El Paso, Texas 79999</u> |
| If well produces oil or liquids, give location of tanks.                                                                 | Is gas actually connected? When                                                             |
| <u>Unit C 28 19S 29E</u>                                                                                                 | <u>Yes September 17, 1975</u>                                                               |

If this production is commingled with that from any other lease or pool, give commingling order number: Past ID-3

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.

Claude V. McNully (Signature)  
Division Manager  
(Title)  
September 26, 1985  
(Date)

OIL CONSERVATION DIVISION  
SEP 30 1985  
APPROVED \_\_\_\_\_, 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.