

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|---|
| I. Operator | | Well API No. |
| 1. T. Properties | | 30-015-21971 |
| Address 3502 Yachtclub Ct., Arlington, Texas 76016 | | |
| Reason(s) for filing (Check proper box) | | |
| New Well | <input type="checkbox"/> | Change in Transporter of: |
| Recompletion | <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Operator | <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator DeKrib Energy Company, 1625 Broadway, Denver CO 80202 | | |
| II. DESCRIPTION OF WELL AND LEASE | | |
| Lease Name DHH "B" | Well No. 1 | Pool Name, including Formation Millman-Wolfcamp |
| Location | Kind of Lease State, Federal or Fee | Lease No. NM-00039 |
| Unit Letter L | Feet From The 990 | Line and 1980 |
| Section 11 | Township 19S | Range 28E |
| NMPM | | Eddy County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|--|
| Name of Authorized Transporter of Oil | <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas | <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El. Paso Natural Gas Company | | PO Box 1492, EL Paso, Texas 79978 |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| Is this production commingled with that from any other lease or pool, give commingling order number. | | Is gas actually connected? When? |

IV. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | Int. ID - 3 |
| | | | 4-22-94 |
| | | | Chg op |

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 Tank | 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 | | | |
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

I. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature K. W. Chen
Printed Name K. W. Chen Title President
Date January 11, 1991 Telephone No. (817) 572-3915

OIL CONSERVATION DIVISION

Date Approved APR 16 1991
By SUPERVISOR DISTRICT II
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.