NOTE: Operator effective January 31, 1985

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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
FLORIDA EXPLORATION COMPANY ✓

Address
3151 South Vaughn Way, Suite 200, Aurora, Colorado 80014

Reason(s) for filing (Check proper box)
- [ ] New Well
- [ ] Recompletion
- [ ] Change in Ownership
- Change in Transporter of:
  - [ ] Oil
  - [ ] Dry Gas
  - [ ] Casinghead Gas
  - [ ] Condensate
- Other (Please explain): Change of Operator Only

If change of ownership give name and address of previous owner: Union Texas Petroleum Corp., 4000 N. Big Spring #500, Midland, TX 79705

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
No. Hackberry Federal	1	~~Yates~~ N. [illegible] Atk.	State, Federal or Fee Federal	NM-06814

Location
Unit Letter J : 2110 Feet From The South Line and 1650 Feet From The East

Line of Section 30 Township 19S Range 31E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐: Shell Trading (US) Co.
Address (Give address to which approved copy of this form is to be sent): Box 1142 Midland, Tx. 79702

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐:
Address (Give address to which approved copy of this form is to be sent):

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	30	19S	30E	No	Post ID-3 3-8-85 Chg Op.

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.

Jerald D. Gentry
(Signature)
Operations Manager
(Title)
February 18, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 11 1985, 19
BY Original Signed by Leslie 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.

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IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
April 18, 1982		2403	2347

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3438 G.L.	Yates	2020	2185

Perforations	Depth Casing Shoe
2060-2234	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8	677	675
7-7/8	4-1/2	2403	900

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
October 5, 1982	October 31, 1982	Pump

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
14	11	3	TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size