

OIL CONSERVATION DIVISION

|                        |                                     |
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| SANTA FE               | <input checked="" type="checkbox"/> |
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| U.S.O.B.               |                                     |
| LAND OFFICE            |                                     |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OIL                    | <input checked="" type="checkbox"/> |
| GAS                    | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE      |                                     |
| Operator               |                                     |

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OCT 21 1985  
O. C. D.  
ARTESIA, OFFICE

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Tenneco Oil Company

Address  
7990 IH 10 West, San Antonio, Tx 78230

Reason(s) for filing (Check proper box)

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

Other (Please explain)

To add new gas purchaser

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

|  |               |  |  |           |
|--|---------------|--|--|-----------|
| Lease Name<br>State HL 1   | Well No.<br>3 | Pool Name, Including Formation<br>Turkey Track/7R/Qn/Gb/SA | Kind of Lease<br>State, Federal or Fee State | Lease No. |
| Location<br>Unit Letter B : 660 Feet From The north Line and 1980 Feet From The East<br>Line of Section 1 Township 19S Range 29E , NMPM, Eddy County |               |  |  |           |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |             |
|--|--|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Permian Corporation        | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1183, Houston, TX 77001 |             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips Petroleum | Address (Give address to which approved copy of this form is to be sent)<br>4000 Penbrook, Odessa, TX 79760  |             |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br>B  | Sec.<br>1   |
|  | Twp.<br>19S  | Rge.<br>29E |
|  | Is gas actually connected? When<br>no yes 10-21-85   |             |

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

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 |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 Tanks | 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    |

Post ID-3  
10-25-85  
Add GT:PP

GAS WELL

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

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.

*Juan Rest*  
(Signature)

Accounting Analyst

10/17/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 22 1985, 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.