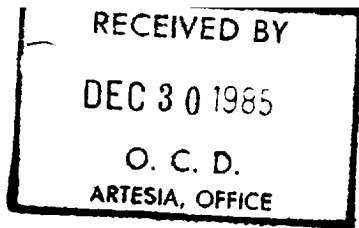


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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  
Cantro Exploration, Inc. ✓

Address  
909 N.E. Loop 410, Ste-711, San Antonio, Texas 78209

Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)  
CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-15-86

If change of ownership give name and address of previous owner \_\_\_\_\_  
UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name TENNECO FEDERAL	Well No. 3	Pool Name, including Formation NORTH HACKBERRY Y-SR (EXT)	Kind of Lease State, Federal or Fee Federal	Lease No. LC063622
Location Unit Letter C : 330 Feet From The FN Line and 1650 Feet From The FW Line of Section 28 Township 19S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) E. Main, Artesia N.M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Post ID-2 2-14-86 Camp & BK
If well produces oil or liquids, give location of tanks. Unit C Sec. 28 Twp. 19S Rge. 31E	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_ No (X)

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.

Robert M. Brew  
(Signature)  
President  
(Title)  
12-13-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 13 1986, 19

BY Original Signed By  
Les A. Clement  
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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 8-5-85	Date Compl. Ready to Prod. 9-23-85		Total Depth 2415'			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3511 GR      3516 KB		Name of Producing Formation Yates		Top Oil/Gas Pay 2198'		Tubing Depth 2140'			
Perforations 2198-2224    1 shot per foot						Depth Casing Shoe 2414.44'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12½"		8 5/8", 24#		300'		200sks C1."C" + 2% CaCl			
7 7/8"		5½", 15.50#		2414.44		300sks HOWCO LITE +			
						100sks C1 "C"			
		2 3/8		2 1/2					

#### 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)

Date First New Oil Run To Tanks 10-11-85	Date of Test 12-01-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size None
Actual Prod. During Test 3.33	Oil-Bbls. 3.33	Water-Bbls. 29	Gas-MCF Nil

#### 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