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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PROMOTION OFFICE       |     |

NEW MEXICO OIL CONSERVATION COM. ON  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-201 and C-110  
Effective 1-1-73

RECEIVED

MAR 15 1974

MONSANTO COMPANY

O.C.C.

ARTESIA, OFFICE

101 North Marienfeld, Midland, Texas 79701

Reason for Filing (Check proper box)

|                     |                                     |
|---------------------|-------------------------------------|
| New Well            | <input checked="" type="checkbox"/> |
| Deepening           | <input type="checkbox"/>            |
| Change in Ownership | <input type="checkbox"/>            |

Change in Transporter of:

|                |                          |            |                          |
|----------------|--------------------------|------------|--------------------------|
| Oil            | <input type="checkbox"/> | Dry Gas    | <input type="checkbox"/> |
| Casinghead Gas | <input type="checkbox"/> | Condensate | <input type="checkbox"/> |

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                 |          |   |  |
|-----------------|----------|---|--|
| Lease Name      | Well No. | Pool Name, including Formation                            | Kind of Lease                                  |
| Wilderspin      | 1        | Burton Flat - Wolfcamp                                    | Undesignable NM14768<br>State, Federal or Free |
| Location        |          |   |  |
| Unit Letter     | F        | 1980 Feet From The North Line and 1980 Feet From The West |  |
| Line of Section | 11       | Township 21-S Range 27-E                                  | NMPM, Eddy 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) |      |           |
| The Permian Corporation  | Box 1183, Houston, Texas 77001   |      |           |
| 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) |      |           |
| Transwestern Pipeline Company  | Box 2521, Houston, Texas 77001   |      |           |
| If well produces oil or liquids,<br>give location of tanks.  | Unit   | Sec. | Twp. Rge. |
|  | F  | 11   | 21S 27E   |
| Is gas actually connected?   | When   |      |           |
| Yes  | March 13, 1974   |      |           |

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

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                         | Date Compl. Ready to Prod.  | Total Depth     | F.B.T.D.     |          |        |           |                   |              |
| December 27, 1973                    | March 13, 1974              | 11,700          | 11,668       |          |        |           |                   |              |
| Pool                                 | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |          |        |           |                   |              |
| Undesignated                         | Wolfcamp                    | 9,660           | 9,500        |          |        |           |                   |              |
| Perforations                         | 9660 - 70 , 9684 - 9710     |                 |              |          |        |           | Depth Casing Shoe |              |
|                                      |                             | 11,700          |              |          |        |           |                   |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |              |          |        |           |                   |              |
| HOLE SIZE                            | CASING & TUBING SIZE        | DEPTH SET       | SACKS CEMENT |          |        |           |                   |              |
| 17 1/2                               | 13 3/8                      | 600'            | 750 Sx.      |          |        |           |                   |              |
| 12 1/4                               | 9 5/8                       | 2,960'          | 1,250 Sx.    |          |        |           |                   |              |
| 8 3/4                                | 7                           | 11,700'         | 750 Sx.      |          |        |           |                   |              |
|                                      | 2 1/16                      | 9,500           |              |          |        |           |                   |              |

V. 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    |
|                                 |                 |   |            |

GAS WELL

|                                  |                 |                      |                       |
|----------------------------------|-----------------|----------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test  | Bbls. Condensate/MCF | Gravity of Condensate |
| 2,540                            | 10 hours        | 44                   | ----                  |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure      | Choke Size            |
| Pack Pressure                    | 200             | 0                    | 48/64                 |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*W. W. White*  
(Signature)

District Production Manager

(Title)

March 12, 1974

(Date)

OIL CONSERVATION COMMISSION

MAR 18 1974

APPROVED

BY

*W. A. Gressitt*  
OIL AND GAS INSPECTOR

TITLE

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 Sections I, II, III, and VI only 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 multiple completed wells.