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| DISTRIBUTION | | | | | |
| SA | TA | FE | | | |
| FI | E | | | | |
| G.S. | | | | | |
| ID | OFFICE | | | | |
| TRANSPORTER | OIL | | | | |
| | GAS | | | | |
| OPERATOR | | | | | |
| PRORATION OFFICE | | | | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C
Effective 1-1-65

RECEIVED

MAR 20 1979

O. C. C.
ARTESIA, OFFICE

51

I. Operator
Texas International Petroleum Corporation ✓
Address
3535 N.W. 58th Street, Suite 300, Oklahoma City, Oklahoma 73112
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter etc. ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ 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 | Lease No. |
| Low-Federal | #1-4 | Golden Lane (Strawn) | State, Federal or Free | 0558282 |
| Location | | | | |
| Unit Letter | H | 1980 Feet From The North | Line in 760 | Feet From The East |
| Line of Section | 31 | Township 20S | Range 30E | NMFM, Eddy County |

I. 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) |
| Tesoro Crude Oil Co. | 8700 Tesoro Drive, San Antonio, Texas 78286 |
| 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) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Pge. Is it actually connected? When |
| | N 31 20 30 |

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 | Shut-in Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
| Date Spudded | Date Compl. Ready to Prod. | Well Depth | P.D.P.D. | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | 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 - Gals. | Gas - MCF |

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.

Ray W. Brown
(Signature)
Product
(Title)
3-16-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 21 1979
BY W. A. Gussett
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.