

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND 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-1  
Effective 1-1-65

OCT 07 '87

I. Operator Union Pacific Resources Company O. C. D.  
ARTESIA, OFFICE

Address 1400 Smith Street, Suite 1500, Houston, TX 77002

Reason(s) for filing (Check proper box) Other (Please explain)

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

Company name change only.

If change of ownership give name and address of previous owner Champlin Petroleum Company, 1400 Smith St., Suite 1500, Houston, TX

II. DESCRIPTION OF WELL AND LEASE

|                   |          |                                |                       |           |
|-------------------|----------|--------------------------------|-----------------------|-----------|
| Lease Name        | Well No. | Pool Name, Including Formation | Kind of Lease         | Lease No. |
| Toothman Gas Com. | 1        | L. Carlsbad (Wolfcamp) Gas     | State, Federal or Fee | Fee       |

Location

Unit Letter L 1980 Feet From The South Line and 660 Feet From The West

Line of Section 25 Township 21-S Range 27-E , NMJM, 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) |
| <del>The Permian Corporation</del>   | Box 1183, Houston, TX 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) |
| El Paso Natural Gas Co.  | Box 1492, El Paso, TX 79999  |

|  |      |      |      |      |                            |         |
|--|------|------|------|------|----------------------------|---------|
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When    |
|  | L    | 25   | 21-S | 27-E | Yes                        | 7-16-76 |

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. | Diff. Res. |
|------------------------------------|----------|----------|----------|----------|--------|-----------|-----------|------------|

|                                    |                             |                 |                   |
|------------------------------------|-----------------------------|-----------------|-------------------|
| 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 |
|           |                      |           | Post FD-3    |
|           |                      |           | 10-23-82     |
|           |                      |           | Chg op       |

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/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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.

Marilyn Day  
(Signature)

Marilyn Day, Technical Aide  
(Title)

September 23, 1987  
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 21 1987, 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-