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| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | 1/1 |
| OPERATOR | | 1 |
| PRODUCTION OFFICE | | |

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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JUN 16 1978

| | | |
|--|--|---|
| Operator Delta Drilling Company | | O.C.C. ARTESIA, OFFICE |
| Address P.O. Box 2113 Midland, Texas 79702 | | |
| Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> | | Other (Please explain) change effective 7/1/78 |
| Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> | | Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner Reserve Oil, Inc. 312 HBF Building, Midland, Texas 79701

| | | | | | | |
|---|--|---------------|---|--|-----|-----------|
| Lease Name Allen | | Well No. 1 | Pool Name, Including Formation South Carlsbad (Morrow) | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| Location Unit Letter J ; 1980 Feet From The south Line and 1980 Feet From The east Line of Section 31 Township 22-S Range 27-E, NMPM, Eddy County | | | | | | |

| | | | | | | |
|--|------|--|------|------|----------------------------|---------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | | | | |
| 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) | | | | |
| Llano, Inc. - 6.25% | | Box 1320, Hobbs, New Mexico 88240 | | | | |
| El Paso Natural Gas Company 93.75% | | Box 1492, El Paso, Texas 79978 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | | | | | yes | 9/30/71 |
| | | | | | yes | 10/6/76 |

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

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|-----------|----------|--------------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resrv. | Diff. Resrv. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | | P.B.T.D. | | | |
| Elevations (DF, RAB, 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 | | | | |
| | | | | | | | | | |
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|---|-----------------|---|------------|
| 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 (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

| | | | |
|--|--|--|--|
| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED JUN 30 1978 | |
| /Ron Brown (Signature) | | BY | |
| Field Project Manager (Title) | | SUPERVISOR, DISTRICT II | |
| 6/15/78 (Date) | | 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 deviate 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 multiple completed wells. | |