DISTRIBUTION NEW MEXICO OIL CONSERVATION CO VISSION Form C-104 ANTA FE REQUEST FOR ALLOWABL Supersedes Old C-104 and C-1) FILE Effective 1-1-65 AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER RECEIVED OPERATOR PRORATION OFFICE Skelly Oil Company O. C. C. Box 1351, Midland, Texas 79701 0. Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Request testing allowable for 300 bbls. Recompletion Oil Dry Gas oil produced during testing of the Change in Ownership Condensate Delaware formation. Fs 4536-38 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE ell No Pool Name, Incliding Formation Kind of Lease Cedar Canyon State, Federal or Fee signated Delaware South Feet From The_ East Line and Feet From The 29 28E Line of Section Township 24S , NMPM, Eddy III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil X Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Name of Authorized Transporter of Cas P. O. Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) Casinghead Gas X or Dry Gas Will be Lease Use Sec. Twp. Is gas actually connected? When If well produces oil or liquids, 28E give location of tanks. P 9 24S No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Oil Well New Well Plug Back Same Res'v. Diff. Res'v Designate Type of Completion - (X) 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 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 allow able for this depth or be for full 24 hours) OIL WELL 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

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.

(SIGNED) LELAND FRANZ Leland Franz (Signature) District Production Manager (Title)

(Date)

October 1, 1976

TITLE . SUPERVISOR, DISTRICT, IL

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.

OIL CONSERVATION COMMISSION

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.

Lease No.

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