

OIL CONSERVATION DIVISION

P. O. BOX 2888

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AND ARTESIA, OFFICE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|--|
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| SANTA FE | |
| FILE | |
| U.S.D. | |
| LAND OFFICE | |
| TRANSPORTER | |
| OIL | |
| GAS | |
| OPERATOR | |
| PRODUCTION OFFICE | |
| Operator | |

STATE LINE LTD. ✓

Address

101 EAST MARLAND, SUITE 112, HOBBS, NEW MEXICO 88240

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

THIS CHANGE OF OPERATOR
EFFECTIVE DECEMBER 15, 1983.If change of ownership give name
and address of previous owner

BBC, INC., 101 EAST MARLAND, SUITE 112, HOBBS, NEW MEXICO 88240

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------|----------|--------------------------------|-------------------|--------------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| ROSS DRAW FEDERAL (SWD) | 1 | DELAWARE FORMATION | XXX, Federal XXXX | NM-35607 |
| Location | | | | |
| Unit Letter | C | 660 Feet From The | NORTH Line and | 1980 Feet From The |
| Line of Section | 33 | Township | 26 SOUTH | Range |
| | | | 30 EAST | NMPM, EDDY County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

THIS IS A SALT WATER DISPOSAL WELL

| | |
|---|--|
| 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 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. Rge. Is gas actually connected? When |

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 | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 |
| | | | |
| | | | |
| | | | |

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)

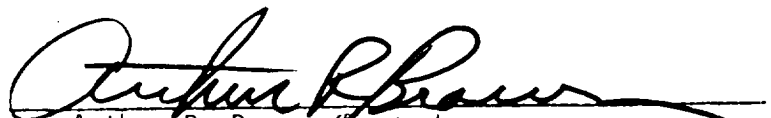
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bble. | Water-Bble. | Gas-MCF |

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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


Arthur R. Brown (Signature)
Agent

(Title)

April 27, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 13 1984, 19
Original Signed By
BY Leslie 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 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.

Separate Form C-104 must be filed for each pool in multiple completed wells.