

Submit to: Chief  
Appropriate District Office  
DISTRICT I  
P.O. Box 1988, Hobbs, NM 58240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Oil, Gas, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form O-184  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                 |  |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|
| I. OPERATOR                                                                                                                                     |  | Well Aft. No. |
| Operator<br>Cansco Inc.                                                                                                                         |  | 3008905-6800  |
| Address<br>3417 N.W. Expressway, Oklahoma City, OK 73112                                                                                        |  |               |
| Reason(s) for Filing (Check proper box)                                                                                                         |  |               |
| <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of:                                                            |  |               |
| <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                    |  |               |
| <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in State <input checked="" type="checkbox"/> Other (Please explain) |  |               |
| If change of operator give name and address of previous operator                                                                                |  |               |

|                                        |  |                                                    |           |
|----------------------------------------|--|----------------------------------------------------|-----------|
| II. DESCRIPTION OF WELL                |  | Kind of Lease                                      | Lease No. |
| Lease Name<br>W.E. Ayres               |  | State, Federal or Free                             | C-36      |
| Location<br>Unit Letter<br>Section 24N |  | Feet From The<br>Line and<br>Feet From The<br>Line |           |
| Section 24N                            |  | SW, T10N, R10E, S10E                               |           |
| County                                 |  | County                                             |           |

|                                                                                                        |  |                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                 |  | Address (Give address to which approved copy of this form is to be sent)                                          |  |
| Name of Authorized Transporter of Oil<br>Petro-Trans Co.                                               |  | 17703 N. Front Street, Phoenix, AZ 85032                                                                          |  |
| Name of Authorized Transporter of Gas<br>Petro-Trans Co.                                               |  | Address (Give address to which approved copy of this form is to be sent)<br>Petro-Trans Co., Farmington, NM 87401 |  |
| If well produces oil or liquids, give location of tanks.                                               |  | Is gas actually connected? When?                                                                                  |  |
| If this production is commingled with that from any other well or wells, give commingling order number |  | R-5205                                                                                                            |  |

|                                             |  |                                    |  |                 |          |                   |           |            |            |
|---------------------------------------------|--|------------------------------------|--|-----------------|----------|-------------------|-----------|------------|------------|
| IV. COMPLETION DATA                         |  | Designate Type of Completion - (X) |  | New Well        | Workover | Deepen            | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded                                |  | In a Condition Ready to Prod.      |  | Total Depth     |          | P.B.T.D.          |           |            |            |
| Elevations (D.F., R.E.B., S.T., G.R., etc.) |  | Formation                          |  | Top Oil/Gas Pay |          | Tubing Depth      |           |            |            |
| Perforations                                |  |                                    |  |                 |          | Depth Casing Shoe |           |            |            |
| V. Casing and Cementing Record              |  |                                    |  |                 |          |                   |           |            |            |
| PIPE SIZE                                   |  | PIPE WALL THICKNESS                |  | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|                                             |  |                                    |  |                 |          |                   |           |            |            |
|                                             |  |                                    |  |                 |          |                   |           |            |            |

|                                         |  |                                               |  |
|-----------------------------------------|--|-----------------------------------------------|--|
| VI. TEST DATA AND REQUEST FOR TEST WELL |  | OIL WELL                                      |  |
| Date First New Oil Run To Tank          |  | Producing Method (Flow, pump, gas lift, etc.) |  |
| Length of Test                          |  | Casing Pressure                               |  |
| Actual Prod. During Test                |  | Water - Bbls.                                 |  |
|                                         |  | 1990                                          |  |

|                                  |  |                           |  |
|----------------------------------|--|---------------------------|--|
| GAS WELL                         |  | Oil Condensate            |  |
| Actual Prod. Test - MCF/D        |  | Gravity of Condensate     |  |
| Testing Method (follow back pg.) |  | Casing Pressure (shut-in) |  |
|                                  |  | Choke Size                |  |

|                                                                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| VI. OPERATOR 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. |  |
| Signature<br>J. E. Johnson                                                                                                                                                                                 |  |
| Printed Name<br>J. E. Johnson                                                                                                                                                                              |  |
| Date<br>10-07-1990                                                                                                                                                                                         |  |
| Telephone No.<br>(505) 848-120                                                                                                                                                                             |  |

|                                                |  |
|------------------------------------------------|--|
| OIL CONSERVATION DIVISION                      |  |
| SEP 07 1990                                    |  |
| Data Approved                                  |  |
| Original Signed by CHARLES JOHNSON             |  |
| By                                             |  |
| Title<br>DEPUTY OIL & GAS INSPECTOR, DIST. #43 |  |

INSTRUCTIONS: This form is to be filed in accordance with Rule 110:

1. Request for allowable for newly drilled or deepened well must be accompanied by a tabulation of deviation tests taken in accordance