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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               | 7   |
| 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-110  
Effective 1-1-65

I. Operator  
Address  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |                      |   |  |           |
|---|----------------------|---|--|-----------|
| Lease Name<br><b>E. Scott Federal</b>   | Well No.<br><b>4</b> | Pool Name, Including Formation<br><b>West Kutz - Picture Cliffs</b> | Kind of Lease<br>State Federal or Fee <b>Federal</b> | Lease No. |
| Location<br>Unit Letter <b>E</b> <b>1600</b> Feet From The <b>North</b> Line and <b>1040</b> Feet From The <b>West</b><br>Line of Section <b>23</b> Township <b>27-N</b> Range <b>11-W</b> , NMFM, <b>San Juan</b> 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"/><br><b>None</b>                           | 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"/><br><b>Southern Union Gas Co.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Fidelity Union Tower Bldg., Dallas, Texas</b> |      |
| If well produces oil or liquids, give location of tanks.  | Unit   | Sec. |
|   | Twp.   | Rge. |
|   | Is gas actually connected? <b>Yes</b> <b>Unk</b>   |      |

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'v. | Diff. Res'v. |
| Date Spudded                         | Date Compl. Ready to Prod.  |                   | Total Depth     |          | P.B.T.D.     |           |             |              |
| Elevations (DF, RAB, RT, SR, 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 OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed to allow-able 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     | Choke Size |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) |            |

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.

Signature  
(Title)  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **AUG 3 1966**, 19  
BY **Original Signed by Emery C. Arnold**  
TITLE **SUPERVISOR DIST. #3**

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 allow-able 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 multiply completed wells.