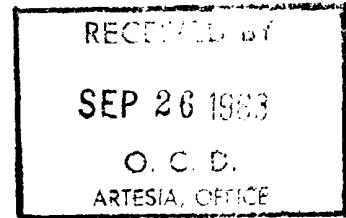


ARTESIA FISHING TOOL COMPANY

P.O. BOX 647, PHOENIX, ARIZONA 85001

ARTESIA, NEW MEXICO 88210



April 22, 1983

Wallis Exploration Inc.
Box 123 A Commerce Street
Kerrville, TX 78028

RE: Howell ~~Federal~~ #1
1980' FNL & 660' FWL
Sec. 10, T14S, R28E
Chaves County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

| DEPTH | DEVIATION |
|-------|-----------|
| 330' | 1/4° |
| 557' | 1/2° |
| 1002' | 1/2° |
| 1500' | 3/4° |
| 1677' | 3/4° |

Very truly yours,

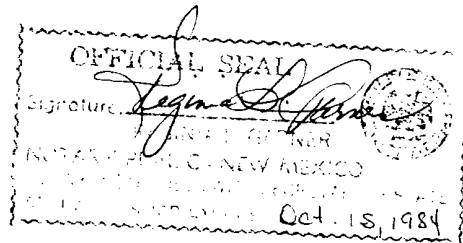
A handwritten signature in dark ink, appearing to read "B. N. Muncy Jr.".

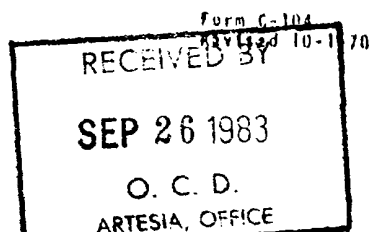
B. N. Muncy Jr.
Secretary

STATE OF NEW MEXICO
COUNTY OF EDDY

§
§

The foregoing was acknowledged before me this 22nd day of April, 1983.



OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|--|---|
| Operator | |
| WALLIS EXPLORATION, INC. | |
| Address | |
| 123A Commerce Street, Kerrville, Texas 78028 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------|----------|--------------------------------|----------------------------------|----------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| HOWELL | 1 | SAMS RANCH GRAYBURG | FEDERAL State, Federal or Fee | NM-0223 201 |
| Location | | | | |
| Unit Letter | E | 1980 | Feet From The North | Line and 660 |
| Feet From The West | | | | |
| Line of Section | 10 | Township | 14 South | Range 28 East |
| , NMPM, Chaves County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| 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) |
| Phillips Petroleum Company | 4001 Penbrook, Odessa, TX 79762 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. |
| | Is gas actually connected? When |
| | NO |

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. |
| | | X | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 4-2-83 | 6-12-83 | 1732' | 1732' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 3581' GR | Grayburg | 1732' | 1732' | | | | | |
| Perforations | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12 1/2" | 8-5/8" | 320' | 100 SX C1C (Circ) | | | | | |
| 7-7/8" | 4 1/2" | 1672' | 150 SX C1C | | | | | |
| | 2-3/8" | 1732' | | | | | | |

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 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 |
| 39 MCF/D | 4 Hours | None | N/A |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| Back Pressure | SITP-759 FTP-537 | SICP-794 FCP-563 | .063 |

VI. 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.

Lura Wallis
(Signature)

Assistant Secretary

(Title)

September 16, 1983

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

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 deviated
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 multiple
completed wells.