Most 18 Contract Reserve CISTRIBUTION REQUEST FOR ALLOWABLE SANT A FE Supersedes Old C-161 and C-140 Life tive 1-1-6; FILE u.s.c.s. AUTHORIZATION TO TRANSPORT OIL OF NA TUBES GAS LAND OFFICE a. c. c. TRANSPORTER . ARTESIA, OFFICE OPERATOR PRORATION OFFICE Petroleum Corporation of Texas P. O. Box 911, Breckenridge, Texas 76024 Reason(s) for filling (Check proper box) Other (Please explain) New Yell Change in Transporter of: Reconspiction Dry Gas Effective November 1, 1969 Change in Cornership. Caringhead Gas Condensate If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. Fool Name, Including Fernation Kind of Lease State, Federal or Fee Elliott Federal 1 Bitter Lake SA, South Federal Unit Letter E ; 1650 Feet From The North Line on Feet From The West Line of Cestion 26 , Township 10S Hange 25E III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit X. or Condensate Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas Address (Give address to which approved copy of this form is to be sent, The Permian Corporation Name of Authorized Transporter of C asingheari Gas ____ or Dry Gav ___ Unit Sec. If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Fige. | | E | 26 | 108 | 25E 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) Date Compl. Regly to Frod. Total Death P.B.T.D. Poel . Name of Producing Formation Top Cil/Gus Fay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE 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 able for this depth or be for full 24 hours) OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Fressure Casing Pressure Choke Size Actual Fro L During Test Off-Bhis. Water - Bhls. Gas - MCF GAS WELL Actual Frod. Test+MOF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Turing Fressure Casina Pressure Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION (469 APPROVED 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.

PETROLEUM CORPORATION OF TEXAS

any

Production Clerk

(Title

October 10, 1969

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter or other such change of condition.