

|                  |                                     |                                     |
|------------------|-------------------------------------|-------------------------------------|
| SANTA FE         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| FILE             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| U.S.G.S.         | <input type="checkbox"/>            | <input type="checkbox"/>            |
| LAND OFFICE      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| TRANSPORTER      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                  | OIL                                 | <input checked="" type="checkbox"/> |
|                  | GAS                                 | <input type="checkbox"/>            |
| OPERATOR         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| PRORATION OFFICE | <input type="checkbox"/>            | <input type="checkbox"/>            |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-105  
Effective 1-1-85

RECEIVED BY

OCT 17 1983

O. C. D.  
ARTESIA, OFFICE

Operator

Breck Operating Corp.

Address

P. O. Box 911, Breckenridge, Texas 76024

Reason(s) for filing (Check proper box)

New Well ☐

Change In Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change In Ownership ☒

Casinghead Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

Petroleum Corporation of Texas, Box 911, Breckenridge, TX 76024

II. DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                           |                |
|-----------------|----------|--------------------------------|---------------------------|----------------|
| Lease Name      | Well No. | Pool Name, Including Formation | Kind of Lease             | Lease No.      |
| Mary Ann Cannon | 4        | Bitter Lake SA, South          | State, Federal or Fee Fee |                |
| Location        |          |                                |                           |                |
| Unit Letter     | M        | 990                            | Feet From The south       | Line and 990   |
| Line of Section | 27       | Township 10S                   | Range 25E                 | , NMPM, Chaves |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                  |                                                                          |      |      |      |                            |      |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| The Permian Corporation Permian (E# 9 / 1 / 87)                                                                  | Box 3119, Midland, Texas 79702                                           |      |      |      |                            |      |
| 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) |      |      |      |                            |      |
| None                                                                                                             |                                                                          |      |      |      |                            |      |
| If well produces oil or liquids,<br>give location of tanks.                                                      | Unit                                                                     | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|                                                                                                                  | K                                                                        | 27   | 10S  | 25E  | 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 |
| 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      |           |             |           |
|                                      |                             |          |                 |          |                   |           |             |           |
|                                      |                             |          |                 |          |                   |           |             |           |
|                                      |                             |          |                 |          |                   |           |             |           |

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 top oil  
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     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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.

Adrian England  
(Signature)

Production Clerk

(Title)

10-12-83

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 2 6 1984, 19

BY Original Signed 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 deeper  
well, this form must be accompanied by a tabulation of the deviat  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi  
completed wells.

