STATE OF NEW MEXICO STATE SANTA FE, NEW MEXICO SANTA SANTA SANTA FE, NEW MEXICO SANTA SA	STATE OF NEW MEXICD SEP 25 '90 For Colspan="2">For Colspan="2">For Colspan="2" For Colspan="2" F					
District State From Color From Colo	NERGY way AMMERALS DEPARTMENT From Colling From Colli				RECEVED	CISI
District Status From Color From Col	NERGY way AMMERALS DEPARTMENT From Colling From Colli			•		
Constant and the set of the form t					otr 25 '90	Form C-104
Difference Difference Peer 1 Difference Peer 1 Peer	Difference Difference Peer 1 Pictor Pictor Pictor Pictor Pictor Pictor Pictor Pictor Pictor Pictor Pictor Pictor Pictor Pictor Pictor Pictor	P8. 07 10741 VICEIVIO			C. C. D.	
Tute SANTA FE, NEW MEXICO 87501 Interview SANTA FE, NEW MEXICO 87501 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Content AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Content Stash Four Enterprises, Inc. Stash Four Enterprises, Inc. Stash Four Enterprises, Inc. Index Enterprises, Inc. Stash Four Enterprises, Inc. Stastash Four Enterprises, Inc. Stash Four	Tuesdownie SANTA FE, NEW MEXICO 87501 Reduction Francements REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Stash Four Enterprises, Inc. Authorization to transports of Demotor Stash Four Enterprises, Inc. Conservation Authorization to transports of Demotor Data Conservation P.O., Rox 1433, Roswell, N.M. 88202 Instantion of demotors Data Conservation Prevention Data Conservation Prevention Data Conservation Conservation of demotors EX # 2-9222 Instantion of enterprises EX # 2-9222 Conservation Data Conservation Conservation 2 District 2 District 2 District Conservation Conservation Conservation Conservation 2 District 2 District Conservation Stask Conservation Conservation 2 Conservation 2 District 2 District 2 District 2		OIL CONSERVA	ATION DIVISIO	ARTESIA, OFFICE	Page 1
REQUEST FOR ALLOWABLE AND REQUEST FOR ALLOWABLE AND AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Optimized Stash Four Enterprises, Inc. Stash Four Enterprises, Inc. Colspan="2">Colspan="2"Colspan="2">Colspan="2"Colspa	REQUEST FOR ALLOWABLE AND REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operation Slash Four Enterprises, Inc. Other (Please explana) Other (Please explana")<		-			•
Transform or set and and a set a set and a se	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operation Stash Four Enterprises, Inc. Address P.O. Box 1433, Roswell, N.M. 88202 One of the enterprises, Inc. One of the enterprises, Inc. Operation Stash Four Enterprises, Inc. One of the enterprises, Inc. Operation Stash Four Enterprises, Inc. Operation Conservation Conse	LAND OFFICE				
AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS Operator Slash Four Enterprises, Inc. Addresse P.O. Box 1433, Roswell, N.M. 88202 Rescention Image: Interprises, Inc. Image: Interprise Interprises, Inc. Image: Interprise Interprises, Inc. Image: Interprise Interprises, Inc. Image: Interprise Interprises, Inc. Interprise Interprises, Inc. <td>AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Authorization to transports Slash Four Enterprises, Inc. Address P.O. Box 1433, Roswell, N.M. 88202 Generation for lining (Check proper bar) Change in Connership Change of ownership <t< td=""><td>TRANSPORTER (</td><td>REQUEST FO</td><td>R ALLOWABLE</td><td></td><td></td></t<></td>	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Authorization to transports Slash Four Enterprises, Inc. Address P.O. Box 1433, Roswell, N.M. 88202 Generation for lining (Check proper bar) Change in Connership Change of ownership Change of ownership <t< td=""><td>TRANSPORTER (</td><td>REQUEST FO</td><td>R ALLOWABLE</td><td></td><td></td></t<>	TRANSPORTER (REQUEST FO	R ALLOWABLE		
Slash Four Enterprises, Inc. Address P.O. Box 1433, Roswell, N.M. 88202 Massich for filing (Creek proprise) Change of ownership Dite with the completion Dite with the completion of the comp	Slash Four Enterprises, Inc. Kdfree P.O. Box 1433, Roswell, N.M. 88202 Massed [16] (If IIIng (Cast progr box] Description	And the second sec			RAL GAS	
Address P.O. Box 1433, Roswell, N.M. 88202 Resen(s) for filing (Check proper box) Change in Transporter of oil oil contensite Div Ges Answer Well Change in Transporter of oil contensite Div Ges Active Change in Contensite CAST CALL CALL GAS ANUST NOT BE Intermediation Change in Contensite CAST CALL CALL CALL CALL CALL Intermediation Contensite CAST CALL CALL CALL CALL Intermediation Contensite CAST CALL CALL CALL CALL Intermediation Contensite CAST CALL CALL CALL Intermediation Contensite CAST CALL CALL CALL Intermediation Contensite CAST CALL CALL Intermediation Contensite CAST CALL CALL Intermediation Contensite CAST CALL CALL Intermediation Cast Call Call Call Call CAST CALL CALL Intermediation Cast Call Call Call Call CAST Call Call Call Call Call Call Call Cal	Address P.O. Box 1433, Roswell, N.M. 88202 Resen(s) for filing (Check proper box) Change in Transporter of: Dry Ges Bit Well Configheed Gae Dry Ges Change in Connership Cast of Change Stress CAST Of CAD GAS MUST NOT BE Change in Connership Cast of Change Stress CAST Of CAD GAS MUST NOT BE Change in Connership Cast of Change Stress CAST Of CAD GAS MUST NOT BE Change in Connership Cast of Change Stress CAST Of CAD GAS MUST NOT BE Change in Connership Cast of Change Stress CAST Of CAD GAS MUST NOT BE Change in Connership Cast of Change Stress Cast of Change Stress Change in Connership Cast of Change Stress Cast of Change Stress Change in Connership Cast of Change Stress Cast of Change Stress Change in Connership Stress of Change Stress Stress of Change Stress Change in Stress Stress of Change Stress Stress of Change Stress Change in Stress Stress of Change Stress Stress of Change Stress Connership J 1650 Feet From The Cast of Change Stress Connership J 120 Stress of Change Stress Str	•	ises. Inc.			. <i>.</i>
Resco(1) for lifting (Check proper box) Change in Transporter of: Other (Please estation) Change in Generation Other (Please estation) CALCALARE LUZES NOT BE Prevention Other (Please estation) CALCALARE LUZES NOT BE Incompletion Veril No. Pool Name, Including Formation Expl # 2 - BS2 Indext Completion Veril No. Pool Name, Including Formation State, Pederal or Fee Fee NA Interest Completion 2 Diablo, S.A. East Interest Completion of NA Name Unit Letter J. 1050 Feet From The East Maters (Ore address to which approved copy of this form (I to be sent) Name of Awhorized Transporter of Contracted Gas or Dry Gas Address (Give address to which approved copy of this form (I to be sent) Name of Awhorized Transporter of Contracted Gas or Dry Gas <td>Itersin(i) for filling (Arek proper box) Champe in Transporter of Diver Well Other (Please explain) CALL OF MALE Other (Please explain) Champe in Ourwership Other (Please explain) Champe of examership give name Other (Please explain) Champe of examership give name Other (Please explain) Champe of examership give name Other (Please explain) Champe of examership County Toltec 2 Contered Diablo, S.A. Champe of Authorized Transporter of Other (SD) Feet From The East Lipe of Section 22 Township Name of Authorized Transporter of Other (SD) Reme of Other (Authorized Transporter of Other (SD) Name of Authorized Transporter of Other (SD) County Name of Authorized Transporter of Other (SD) County Cost Name of Authorized Transporter of Other (SD) County Cost</td> <td>Address</td> <td></td> <td></td> <td></td> <td></td>	Itersin(i) for filling (Arek proper box) Champe in Transporter of Diver Well Other (Please explain) CALL OF MALE Other (Please explain) Champe in Ourwership Other (Please explain) Champe of examership give name Other (Please explain) Champe of examership give name Other (Please explain) Champe of examership give name Other (Please explain) Champe of examership County Toltec 2 Contered Diablo, S.A. Champe of Authorized Transporter of Other (SD) Feet From The East Lipe of Section 22 Township Name of Authorized Transporter of Other (SD) Reme of Other (Authorized Transporter of Other (SD) Name of Authorized Transporter of Other (SD) County Name of Authorized Transporter of Other (SD) County Cost Name of Authorized Transporter of Other (SD) County Cost	Address				
We well Change in Transporter of: Dry Gen CASE OFFAD CASE MUST NOT BE Intercompletion Oil Condenset Condenset Condenset Ichange of ownership give name Condenset Condenset Condenset Condenset Intercompletion Condenset Condenset Condenset Condenset Intercompletion Well No. Pool None, Including Formation Kind of Lesse Condenset Intercompletion Vell No. Pool None, Including Formation Kind of Lesse Condenset Intercompletion Vell No. Pool None, Including Formation Kind of Lesse Condenset Condenset 2 Diablo, S.A. State, Frederal or Free Fee NA Lies of Section 22 Township Condenset Condenset Condenset Condenset Condenset P.O. Box 2297, Midland, Tx 79702 Natria form of the state set of the formation of the set of the form to set be sent Name of Authorsted Transporter of Condenset Condenset P.O. Box 2297, Midland, Tx 79702 Intercomplete aris of condenset Cond	State well Change in Transporter of: Dry Ges CASE OFFAD CASE MUST NOT BE Recompletion Dit Condensets Condensets PARTY ALL MUST SALES Change of ownership give name Condensets Condensets Condensets Ind address of previous owner Well No. Pool Name, Including Formation Kind of Lesse I. DESCRIPTION OF WEIL AND LEASE E.X # 2-932 Lesses Name Vell No. Pool Name, Including Formation Kind of Lesse Toltec 2 Diablo, S.A. State, Federal or Free Fee Unit Letter J.: 1650 Feet From The South Line and 2310 Feet From The East Unit Letter J.: 1650 Feet From The South Line and 2310 Feet From The East Unit of Section 22 Township Condensets P.O. Box 2297, Midland, Tx 79702 Rame of Authorized Transporter of Coll Case Or Dry Ges Madress (Give address to whick approved copy of this form is to be sent) Name of Authorized Transporter of Coll Case of Dry Ges No Madress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Coll Case of Dry Ges No Madress (Give address to which approved copy of this form is to be sent) Name of Autho			Other (Please	e explain)	
Change of ownership Castinghead Gas Condensure FLACE AND LILESS Condensure EX # 7-932 I. DESCRIPTION OF WEIL AND LEASE EX # 7-932 Loses Hame Well No. Pool Name, Including Permaition Kind of Lesse Toltec 2 Diablo, S.A. State, Federal or Fee Ree Unit Letter J. 1650 Feel From The State, Federal or Fee Ree Unit Letter J. 1650 Feel From The County Life of Section 22 Township Name 2310 Feel From The East Life of Section 22 Township Name 27E NMDM. Chaves County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS Address (Give address to which approved copy of this form is to be sent) P.O. Box 2297, Midland, Tx 79702 Enron 011 Trading & Transportation Co. P.O. Box 2297, Midland, Tx 79702 Prof. TD-2 If well productes ettor liquide. J 12.2 105.2 27E No Nome of Authorised Townporter of Casinghead Gae or Dry Gos Prof. TD-2 No Prof. TD-2 If well productes ettor liquide.	Interspection Canadramente Canadramente File Arith 11 2:8/5.0 Change of ownership give name Canadramente File Arith 11 2:8/5.0 Indestigation ownership give name Ex # 7-832 I. DESCRIPTION OF WELL AND LEASE Ex # 7-832 Loses Nome Well No. Fool Nome, Including Formation State, Fasteral or File NA Toltec 2 Diablo, S.A. State, Fasteral or File NA Lesses Nome State, Fasteral or File NA Loses Nome 2 Diablo, S.A. State, Fasteral or File NA Loses Nome 2 Diablo, S.A. State, Fasteral or File NA Unit Letter J. 1650 Feet From The South Line and 2310 Feet From The East County Unit Getter 0 Rame 27E NMMM, Chaves County Name of Authorised Trensporter ol Casingheed Gas or Condenset Count A approved copy of this form is to be sent) P.O. Box 2297, Midland, T. 79702 Rame of Authorised Trensport ol Casingheed Gas or Dry Gas or Contenset Count A approved copy of this form is to be sent) P.O. Box 2297, Midland, T. 79702 It well produces off or Indust. J. 22, 105 ; 27E No P.O. Count A approved copy of this form is to be s	XX New Well		CASE C	WEAD GAS MUST	NOT BE
It change of ownership give name maddress of previous owner Ext # 2-B32 It change of ownership give name maddress of previous owner Ext # 2-B32 I. DESCRIPTION OF WELL AND LEASE Levels Homes It loss including Pormation Tollec 2 Diablo, S.A. State, Federal or Fee Tollec 2 Levels Homes State, Federal or Fee Unit Letter 3 Line of Section 22 Township 10S Renge 27E NMEMA, Chaves County Chaves Line of Section 22 Towns of Authorized Trensporter of Cuit CD or Condensete Address (Give address to which approved copy of this form is to be seni) Name of Authorized Trensporter of Costinghead Gal or Dry Gas Name of I authat. 10 22 Yes No Productes of tenks. 10 22 Yes 10S Render of tenks. 10 22 Yes 10S Render Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE I heethy rectify that the fulle and completer to	Change of ownership give name Count of address of previous owner i change of ownership give name Ext # 2-B32 I. DESCRIPTION OF WELL AND LEASE Ext # 2-B32 I. DESCRIPTION OF WELL AND LEASE Name I define address of previous owner Yeil No. Pool Nome, including Formation Tollee 2 Diablo, S.A. State, Federal or Fee Unit Letter J.; 1650 Feel From The South Line of Section 22 Township Township II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL 25 or Condensete P.O. Box 2297, Midland, Tx 79702 Enron 011 Trading & Transportation Co. P.O. Box 2297, Midland, Tx 79702 Pron 102 County View location of times. J View location of times. J </td <td></td> <td>H" F.</td> <td></td> <td>AND 11 28</td> <td>190</td>		H" F.		AND 11 28	190
Ind eddeese of previous owner Ext # 2-B32 I. DESCRIPTION OF WELL AND LEASE Event Nome Large of Nome Will No. Pool Nome, Including Formation State, Federal of Fee Tollec 2 Diablo, S.A. State, Federal of Fee Large of Section 2 Diablo, S.A. State, Federal of Fee Large of Section 2 Township Range 2310 Line of Section 22 Township Range 27E NMFM, Chaves Line of Section 22 Township Range 27E NMFM, Chaves County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be seent) P.O. Box 2297, Midland, Tx 79702 Prove for Authorized Transporter of Cull Eds or Condenate P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transporter of Cull Eds or Dry Gos [] Address (Give address to which approved copy of this form is to be seent) P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transporter of Coll Eds or Dry Gos [] Address (Give address to which approved copy of this form is to be seent) Vane of Authorized Transporter of Coll Eds or Dry Gos [] Address (Give address to which approved topy of this form is to be seent)	Ext # 2-052 Name Tourseline Ext # 2-052 Ext # 2-052 Ext # 2-0532 State, Federal of Fee Fee NA Name of Authorized Transporter of OIL AND NATURAL GAS Nome of Authorized Transporter of Coll Ext or Condensate [] P.O. Box 2297, Midland, Tx 79702 Pron OIL Tabling & Transporter of Coll Ext or Condensate [] P.O. Box 2297, Midland, Tx 79702 Nome of Authorized Transporter of Coll Ext or Condensate [] Address (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Coll Ext or Coll Coll Ext or				AN BIGHTON 1	ГО:
I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including Formation Kind of Lease Kind of Lease Lease Mon Toltec 2 Diablo, S.A. State, Federal or Fee Fee NA Lease Money 1 1 1 State, Federal or Fee Fee NA Lease Money 1 1 State, Federal or Fee From The East Unit Letter J 1650 Feet From The South County Unit Letter J 1650 Feet From The County Name of Authorized Transports 00 Range 27E NMPM, Chaves County Name of Authorized Transports 0 County Address (Give address to whick approved copy of this form is to be seni) Nome of Authorized Transports 0 County Gas Address (Give address to whick approved copy of this form is to be seni) Name of Authorized Transport 0 County Address (Give address to whick approved copy of this form is to be seni) Name of Authorized Transport 0 County Gas Address (Give address to whick approved copy of this form is to be seni) No 1 9 1 22 100	I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including Formation Kind of Lease Kind of Lease Lease No. Toltec 2 Diablo, S.A. State, Federal or Fee Fee NA Lease No. State, Federal or Fee Fee NA Line of Section 2 Township State, Federal or Fee Fee NA Line of Section 2 Township State, Federal or Fee From The East NA Line of Section 22 Township State, Federal or Fee From The East County In DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to whick approved copy of this form is to be seni) Address (Give address to whick approved copy of this form is to be seni) Nors of Authorized Transportation Co. P.O. Box 2297, Midland, Tx 79702 Pool TD-2 Nors of Authorized Transportation Co. P.O. Box 2297, Midland, Tx 79702 Pool TD-2 If well produces oil or liquide, Unit Sec. Twp. Res. If well produces oil or liquide, Unit Sec. Twp. Res. It is production is commingled with that from any other lease or pool, give commingling order number: NO Image: Pool Conservation Division have premorand regulations of the Oil Conservation Divis	f change of ownership give name nd address of previous owner		EV #	and a second	
Liese Nome Well No. Peel Name, Including Pointation State, Federat or Fee NA Toltec 2 Diablo, S.A. State, Federat or Fee NA Lecetion 1 2 Diablo, S.A. State, Federat or Fee NA Line of Section 2 Township State, Federat or Fee Feel NA Line of Section 22 Township State, Federat or Fee Feel NA Name of Authorized Transportation County Address (Give address to which approved copy of this form is to be seni) P.O. Box 2297, Midland, Tx 79702 Proof Oll Trading & Transportation Co. P.O. Box 2297, Midland, Tx 79702 Peel Full -2 Name of Authorized Transportation Co. P.O. Box 2297, Midland, Tx 79702 Peel Full -2 Name of Authorized Transportation Co. Peel Feel Feel Feel Feel Feel Feel Feel	Lieses Nones Well No. Peel Name, Including Pointation Butter, Federat or Fee NA Toltec 2 Diablo, S.A. State, Federat or Fee NA Lecention : 1 : 1650 Feet From The State, Federat or Fee Feet NA Line of Section 2 Township 10S Range 2310 Feet From The East Line of Section 22 Township 10S Range 27E . NMPM, Chaves County Neare of Authorized Transports of OIL EXD or Condensate P.O. Box 2297, Midland, Tx 79702 Procesternt Peel From The Peel TD-2 Name of Authorized Transportation Co. P.O. Box 2297, Midland, Tx 79702 Peel TD-2 Address (Give address to which approved copy of this form is to be senit) Peel TD-2 Nome of Authorized Transportation Co. Peel TD-2 Address (Give address to which approved copy of this form is to be senit) Peel TD-2 If well productes of or Instruct Unit Sec. Twp. Res. Is gas actually connected? When ////////////////////////////////////	I. DESCRIPTION OF WELL AND L	EASE			
Tollec 2 Diable, S.R. Lecention 1 2 Diable, S.R. Unit Letter J 1650 Feet From The South Line and 2310 Feet From The East Line of Section 22 Township 10S Ronge 27E NMPM. Chaves County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Feet From The	Tollec 2 Diable, S.R. Lecention 1 2 Diable, S.R. Unit Letter J 1650 Feet From The South Line and 2310 Feet From The East Line of Section 22 Township 10S Ronge 27E NMPM. Chaves County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Feet From The	Leose Name	Well No. Pool Name, Including P	ormation		
Unit Letter J 1650 Feet From The East Line of Section 22 Township 10S Range 27E NMPM, Chaves County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Costingheed Gas or Ondensete P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transporter of Costingheed Gas or Dry Gos Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Costingheed Gas or Dry Gos Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Costingheed Gas or Dry Gos Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Costingheed Gas or Dry Gos No Part ID-2 If well produces oil or liquids, Unit Sec. Twp. Ree. 16 velo tiends. U 22 10S 27E No Vorte: Complete Parts IV and V on reverse side if necessary. Oil CONSERVATION DIVISION Address of whish and that the information given is true a	Unit Letter J 1650 Feet From The 2310 Feet From The East Line of Section 22 Township 10S Range 27E , NMPM, Chaves County H. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Costingheed Gas or Orn Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Costingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Costingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Costingheed Gas or Dry Gas Is gas actually connected? When ND-2 Name of Authorized Transporter of Costingheed Gas Unit Sec. Twp. Res. Is gas actually connected? When ND-2 If well produces oil or liquids. Unit Sec. Twp. Res. ND Is gas actually connected? When ND-2 ID-2 If well produces and belief. Unit t	والمحيون والمحتمل والمستحي والمنافع المرجوع التسويمات المالي والمستجز بالمحدود المرجا فالمحتوان المراقي والمحتود والمحاد	2 Diabio, 5.A.			<u> </u>
Line of Section 22 Township 10S Range 27E , NMPM, Chaves County MI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate	Line of Section 22 Township 10S Range 27E , NMPM, Chaves County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate P.O. Address (Give address to which approved copy of this form is to be sent) Forms of Authorized Transporter of OIL EX or Condensate P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas No for full for full It well production is commingled with that from any other lesse or pool, give commingling order number Ib Constensary If this production Division have for all machine for another well in Signature OIL CONSERVATION DIVISION Address (Give address of the Oil Conservation Division have for all machine given is true and complete to the bestof MiKE WHLLIAMS <	. 1 1650	Feet From The South Li	ne and2310	Feet From The Ea	st
Lips of Section Lips 1000000000000000000000000000000000000	Line of Section Line of Section Line of Section Line of Section H. 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 Costnessols Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Costnessols or Contensols P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transporter of Costnessols or Dry Gos Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Costnessols or Dry Gos Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Costnessols or Dry Gos Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Costnessols or Dry Gos Nome of torks. If the production is commingled with that from any other lesse or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION Address for main to be filed with and that the information given is true and complete to the best of ny knowledge and belief. MiKE WHLIAMS Phelps White, President (Signaswe) MiKE WHLIAMS Phelps White, President (Title) Fill out		100 ~		. Chaves	Coun
Name of Authorized Transporter of Oil KS or Condensate [] P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transportation Co. P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transporter of Casinghead Gas [] of Dry Gas [] Address (Give address to which approved copy of this form is to be rent) Name of Authorized Transporter of Casinghead Gas [] of Dry Gas [] Address (Give address to which approved copy of this form is to be rent) Name of Authorized Transporter of Casinghead Gas [] of Dry Gas [] Address (Give address to which approved copy of this form is to be rent) It well produces oil of liquide. Unit [Sec. Twp. Rgs.]] Is gas actually connected? When [] [] [] [] [] [] [] [] [] [] [] [] []	Name of Authorized Transporter of Oil KS or Condensate Image: Condensate P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transporter of Costinghead Gos of Dry Gos Address (Cive address to which approved copy of this form is to be rent) Name of Authorized Transporter of Costinghead Gos of Dry Gos Address (Cive address to which approved copy of this form is to be rent) Name of Authorized Transporter of Costinghead Gos of Dry Gos Address (Cive address to which approved copy of this form is to be rent) No P.O. Box 2297, Midland, Tx 79702 It well produces oil or liquide. Unit Sec. Twp. give location of tonks. J 22 10S 27E No It agas actually connected? When //b-6-92 It well produces oil or liquide. J 22 10S 27E No It his production is commingled with that the form any other lease or pool, give commingling order number: It his production is complete to the best of processary. OIL CONSERVATION DIVISION Address (Cive address (Give address to be filed in compliance with gut E total complete to the best of processary. It has the information given is true and complete to the best of processary. Address (Give address to be filed in compliance with gut E total. It has form is to be filed in compl	Line of Section 22 Townsh				
Name of Authorized Transportation Co. P.O. Box 2297, Midland, Tx 79702 Enron Oil Trading & Transportation Co. P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transporter of Cosinghead Gas of Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas of Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transportation Co. P.O. Box 2297, Midland, Tx 79702 It well produces oil or liguide. (Onit Sec. Twp. Rgs. If well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguide. 10 - 2 It well produces oil or liguid	Name of Authorized Transportation Co. P.O. Box 2297, Midland, Tx 79702 Enron Oil Trading & Transportation Co. P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transporter of Cosinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transportation Co. P.O. Box 2297, Midland, Tx 79702 Name of Authorized Transportation Cosinghead Gas or Dry Gas Prof. TD-2 It well produces oil or liguida. Unit Sec. Twp. It well produces oil or liguida. J 22 It well production is commingled with that from any other lease or pool, give commingling order number: If this production is complete Parts IV and V on reverse side if necessary. AIL CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION hereby certify that the information given is true and complete to the best of ny knowledge and belief. MIKE WHELLAMS Phelps White, President MIKE WHELLAMS It his form must be accompanied by a tabulation of the deviat t	III. DESIGNATION OF TRANSPOL	TER OF OIL AND NATURA	LGAS	to which approved copy of	this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be tent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be tent) It well produces off or liquids. Unit Sec. Twp. Rgs. Is gas actually connected? When $Ib - 6 - 90$ It well production of tenks. J 22 10S 27E No Imported to the form of the form of tenks. It has production of tenks. J 22 10S 27E No Imported to tenks. If this production is commingled with that from any other lease or pool, give commingling order number: Imported to tenks. Imported to tenks. Imported to tenks. NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE Approved SEP 2 8 1990, 1	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be tent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be tent) It well produces oil or liquids. Unit Sec. Twp. Rgs. Is gas actually connected? When $Ib - 6 - 90$ It well produces oil or liquids. J 22 10S 27E No Is gas actually connected? When $Ib - 6 - 90$ It well produces oil or liquids. J 22 10S 27E No Is gas actually connected? When $Ib - 6 - 90$ It well production is commingled with that from any other lesse or pool, give commingling order number: Is gas actually connected? No Is gas actually connected? Is g			P.O. Box 229	7. Midland, Tx	79702
It well produces oil or liquide. J 22 105 27E No I complete for liquide. If this production of tents. J 22 105 27E No I complete for liquide. If this production of tents. J 22 105 27E No I complete for liquide. If this production of tents. J 22 105 27E No I complete for liquide. If this production of tents. J 22 105 27E No I complete for liquide. NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE APPROVED SEP 2.8 1990 , 19 I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of my knowledge and belief. MIKE WHLLIAMS III Le Supervision, DISTRICT H Supervision, DISTRICT H This form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with AULE 1104. If this is a request for allowable for a newly drilled or completely to relative table on new and recompleted wells. Fill out only Sections I, II, III, end VI for changes of comit well name or numbe	If well produces oil or liquids. J 22 105 27E No remy & Bit give location of tanks. J 22 105 27E No remy & Bit give location of tanks. J 22 105 27E No remy & Bit It his production is commingled with that from any other lesse or pool, give commingling order number: OIL CONSERVATION DIVISION NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION AI. CERTIFICATE OF COMPLIANCE BY OIL CONSERVATION DIVISION hereby certify that the rules and regulations of the Oil Conservation Division have iscen complied with and that the information given is true and complete to the best of my knowledge and belief. MIKE WILLIAMS Mike with LIAMS SUPERVISOR, DISTRICT H This form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with AULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be fulled out completely to relative tests taken on the well in accordance with AULE 1104. All sections of this form must be fulled out completely to relative tests taken on the well in accordance with AULE 1104. All sections of this form must be filled out completely to relative to reative or number, or transporten or others such change of conditi Separate Forma C-104 must be f	Enron Ull Irading & Ila Name of Authorized Transporter of Casing	head Gas or Dry Gas	Address (Give address	to which approved copy of	this form is to be sent) $D + T M - D$
It well produces oil or liquide. J 22 10S 27E No remy & BY give location of tents. j 22 10S 27E No remy & BY If this production is commingled with that from any other lease or pool, give commingling order number: It can be filed remy & BY NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE BY OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. OINCENTION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of My knowledge and belief. OINCENTION DIVISION I hereby certify that the rules and regulation of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of My knowledge and belief. MIKE WHLLIAMS II the log of the form must be a compliance with Ault £ 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accordence with Ault £ 1104. All socions of this form must be filled out completely tor allow able for a newly drilled or completely tor allow able for a newly drilled or completely tor allow able o	If well produces oil or liquids. J 22 105 27E No remy & Bit give location of tanks. J 22 105 27E No remy & Bit give location of tanks. J 22 105 27E No remy & Bit It his production is commingled with that from any other lesse or pool, give commingling order number: OIL CONSERVATION DIVISION NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION AI. CERTIFICATE OF COMPLIANCE BY OIL CONSERVATION DIVISION hereby certify that the rules and regulations of the Oil Conservation Division have iscen complied with and that the information given is true and complete to the best of my knowledge and belief. MIKE WILLIAMS Mike with LIAMS SUPERVISOR, DISTRICT H This form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with AULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be fulled out completely to relative tests taken on the well in accordance with AULE 1104. All sections of this form must be fulled out completely to relative tests taken on the well in accordance with AULE 1104. All sections of this form must be filled out completely to relative to reative or number, or transporten or others such change of conditi Separate Forma C-104 must be f		Dag Dag	le gas getugily connect	ed? When	<u></u> 10-6-90
If this production is commingled with that from any other lease or pool, give commingling order number. If this production is commingled with that from any other lease or pool, give commingling order number. NOTE: Complete Parts IV and V on reverse side if necessary. 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 is true and complete to the best of my knowledge and belief. Image: Phelps White, President (Signature) Phelps White, President (Jate) (Date)	It this production is commingled with that from any other lease or pool, give commingling order number: It this production is commingled with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. AI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of ny knowledge and belief. OIL CONSERVATION DIVISION APPROVED SEP 2 8 1990 , 19 BY ORNGINAL SIGNED BY BY MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT H This form lis to be filled 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 taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable. y/24/90 (Date)	If well produces oil or liquide,			t	comp & B
NOTE: Complete Parts IV and V on reverse side if necessary. 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 is true and complete to the best of my knowledge and belief. MIKE WILLIAMS TITLE BY MIKE WILLIAMS TITLE MIKE WILLIAMS TITLE BY	NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have over complied with and that the information given is true and complete to the best of ny knowledge and belief. Image: Phelps White, President 9/24/90 (Date) Image: Phelps White, President 9/24/90 (Date) OIL CONSERVATION DIVISION ONEGINAL SIGNED BY MIKE WILLIAMS TITLE			give commingling orde	er number:	
VI. CERTIFICATE OF COMPLIANCE Understand that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	AI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have ore nomplied with and that the information given is true and complete to the best of my knowledge and belief. Image: Problem in the information given is true and complete to the best of my knowledge and belief. Image: Problem in the information given is true and complete to the best of my knowledge and belief. Image: Problem in the information given is true and complete to the best of my knowledge and belief. Image: Problem in the information given is true and complete to the best of my knowledge and belief. Image: Problem in the information given is true and complete to the best of my knowledge and belief. Image: Problem in the information given is true and complete to the best of my knowledge and belief. Image: Problem in the information given is true and complete to the best of my knowledge and belief. Image: Problem in the information given is true and complete to the best of my knowledge and belief. Image: Problem in the information given is true and complete to the best of the information given is true and complete to the best of the information given is true and complete to the best of the information given is true and complete to the best of the information complete to the information given is true and complete to the best of the information given is true and complete to the best of the information given is true and complete to the best of the information given is true and complete to the best of the information given is true and complete to the best of the information given is true and to the information given is the informati					
APPROVED	hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. APPROVED	a second construction and a second			CONSERVATION DIV	VISION
hereby certify that the rules and regulations of the On Conservation Division nate been complied with and that the information given is true and complete to the best of my knowledge and belief. If the information given is true and complete to the best of my knowledge and belief. Image: the state of the On Conservation given is true and complete to the best of my knowledge and belief. If the information given is true and complete to the best of my knowledge and belief. Image: the state of the On Conservation given is true and complete to the best of my knowledge and belief. Image: true and complete to the best of my knowledge and belief. Image: true and complete to the best of my knowledge and belief. Image: true and complete to the best of my knowledge and belief. Image: true and complete to the best of my knowledge and belief. Image: true and complete to the best of my knowledge and belief. Image: true and complete to the best of (Signature) Image: true and complete to the best of (Signature) Phelps White, President Image: true and recompleted wells. Image: true and complete to the down and recompleted wells. Image: true and true and true and the true and true	hereby certify that the rules and regulations of the On Conservation Division nate been complied with and that the information given is true and complete to the best of my knowledge and belief. If the information given is true and complete to the best of my knowledge and belief. Image: Structure of the One Conservation Division nate may knowledge and belief. If the is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111. If this is a request for allowable for a newly drilled or deepen (Signature) Phelps White, President If this is a request for allowable for a newly drilled or deepen well, this form must be accordance with RULE 111. All sections of this form must be filled out completely for allow (Date) If the on new and recompleted wells. If the 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			APPROVED	SFP 2 8 1990	
my knowledge and belief. MIKE WHLLIAMS If this is a request for allowable for a newly drilled or deeper (Signature) Phelps White, President (Title) (Date) (Date)	my knowledge and belief. MIKE WHLLIAMS Image: Supervision of the grant of the form is to be filed in compliance with mut and the supervision of the deviat tests taken on the well in accordance with mut and the deviat tests taken on the well in accordance with mut and the deviat tests taken on the well in accordance with mut and the deviat tests taken on the well in accordance with mut and the deviat tests taken on the well in accordance with mut and test of the deviat tests taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test taken on the well in accordance with mut and test of the deviat test test test. 9/24/90 (Date) (Date) (Date)	I hereby certify that the rules and regulations been complied with and that the information g	of the Off Conservation Division have iven is true and complete to the best of			BY
(Signature) (Signature) Phelps White, President (Title) (Date) (Date)	TITLE SUPERVISOR, DISTRICT If (Signature) 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 AULE 111. 9/24/90 (Title) (Date) (Date)	my knowledge and belief.		I RY	MIKE WILLIAMS	
If this is a request for allowable for a newly drilled or deeper (Signatwe) Phelps White, President (Title) 9/24/90 (Date) If this is a request for allowable for a newly drilled or deeper	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. Phelps White, President (Title) 9/24/90 (Title) (Date) (Date)			TITLE	SUPERVISOR, DISTI	
(Signature) Phelps White, President (Title) 9/24/90 (Date) (Date) (Signature) well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All soctions of this form must be filled out completely for allogable able on new and recompleted wells. Fill out only Sections I, II. III, and VI for changes of own well neme or number, or transporter, or other such change of condition Separate Forms C-104 must be filled for each pool in multion (Date)	(Signature) Phelps White, President (Title) 9/24/90 (Date) (Date) (Signature) (Signature) (Title) (Date) (Date) (Signature) (Signature) (Title) (Date) (Signature) (Signature) (Title) (Date) (Signature) (Signature) (Title) (Date) (Signature) (Signature) (Title) (Title) (Date) (Signature) (Signature) (Title) (Title) (Date) (Signature) (Signature) (Title) (Title) (Date) (Signature) (Signature) (Title) (Title) (Date) (Date) (Signature) (Signature) (Title) (Title) (Date) (Signature) (Signature) (Title) (Title) (Date) (Signature) (Signature) (Title) (Date) (Signature) (Signature) (Title) (Title) (Date) (Signature) (Signature) (Signature) (Signature) (Title) (Title) (Date) (Signature) (Signature) (Signature) (Signature) (Signature) (Title) (Title) (Title) (Title) (Date) (Signature) (Signature) (Title) (Signature)	1		This form is t	o be filed in complianc	e with AULE 1104.
Phelps White, President (Title) 9/24/90 (Date) (Date) (Date)	Phelps White, President All soctions of this form must be filled out completely for allored wells. 9/24/90 (Date) (Date) (Date)	(Signaturi		I malt this form mus	t he accompanied by B	TEDRISTION OF THE GAATE
(Date) (Date) (Date) (Date) (Title) able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of own well nems or number, or transporter, or other such change of conditi Separate Forms C-104 must be filed for each pool in multiplication of the second	(Title) 9/24/90 (Date) (Date) (Title) sbie 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			All sections o	f this form must be fille	id out completely for al
(Date) well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multi-	(Date) well name or number, or transporter, or other such thange of constraints of the such than the such than the such than the such that the			able on new and re	Sections I II III. and	VI for changes of ow
		·		Well name or numbe	it, or transporter, or othe	is affect cumuke of court
		•			a C-104 must be filed	TOL ABCU DOOT IN WALL
					-	
					· .	•
		· .	· ·		•	

į

: 7

IV. COMPLETION DATA

Designate Type of Completio	on - (X)	OII Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v. 	Diff. Res'v.
Date Spudded 5/24/90	Date Compl. Ready to Prod. 9/21/90		Total Depth 2178		Р.В.Т.Д. 2163				
Elevations (DF, RKB, RT, GR, etc.) 3843 G.L.	Name of Pr San A	oducing Form ndres				Tubing Depth . 2160			
Perforations 2100-2115, 2123-2144	ł						Depth Casin 2177	ng Shoe	
		TUBING, C	CASING, AN	D CEMENTI	NG RECORI	D			
HOLE SIZE	CA51	NG & TUBH	G SIZE		DEPTH SE	Т	SACKS CEMENT		IT
12 1/4"	8 5/8"	24#		430'		******	200		
8"	1			1725					
6 1/2"	4 1/2;	" 11.6≉		2177			90		

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 allow-OIL WELL. able for this depth or be for full 24 hours)

Dote First New Oil Bun To Tanks	Date of Test	Preducing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
9/21/90	9/23/90	Pump			
Length of Trat .	Tubing Pressure	Casing Pressure	Choke Size		
24 🐔	NA	NA	NA		
Actual Prod. During Test	Oll-Bbla.	Water-Bbis.	Gas-MCF		
45	45	1	20 est.		

AS WELL

Actual Prod. Tool-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Traing Mathod (pilot, back pr.)	Tubing Process (Shut-in)	Casing Pressure (Shut-in)	Choke Size