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| TRANSPORTER            | OIL | ✓ |
|                        | GAS | ✓ |
| OPERATOR               |     | ✓ |
| PROBATION OFFICE       |     |   |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS RECEIVED

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

SEP 28 1981

I.

|                                                         |                                                                                                                                                                           |                             |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Operator<br><b>W.H. George, Jr. ✓</b>                   |                                                                                                                                                                           | O. C. D.<br>ARTESIA, OFFICE |
| Address<br><b>Box 1393, Eagle Pass, TX 78852</b>        |                                                                                                                                                                           |                             |
| Reason(s) for filing (Check proper box)                 |                                                                                                                                                                           | Other (Please explain)      |
| New Well <input type="checkbox"/>                       | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                             |
| Recompletion <input type="checkbox"/>                   |                                                                                                                                                                           |                             |
| Change in Ownership <input checked="" type="checkbox"/> |                                                                                                                                                                           |                             |

If change of ownership give name and address of previous owner **Maurice Hobson, PO Drawer 638, Alamogordo, NM 88310**

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                     |                      |                                                                     |                                                        |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------|--------------------------------------------------------|---------------------------|
| Lease Name<br><b>State B</b>                                                                                                                                                                                        | Well No.<br><b>7</b> | Pool Name, including Formation<br><b>East Empire Yates 7-Rivers</b> | Kind of Lease<br>State, Federal or Fee<br><b>State</b> | Lease No.<br><b>B-111</b> |
| Location<br>Unit Letter <b>M</b> ; <b>990</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>West</b><br>Line of Section <b>22</b> Township <b>17S</b> Range <b>28E</b> , NMPM, <b>Eddy</b> County |                      |                                                                     |                                                        |                           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                             |                                                                                                                     |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Navajo Crude Oil Purchasing Co.</b>  | Address (Give address to which approved copy of this form is to be sent)<br><b>PO Drawer 175, Artesia, NM 88210</b> |                    |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Phillips Petroleum Corp.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>Bartlesville, OK 74004</b>           |                    |
| If well produces oil or liquids, give location of tanks.                                                                                                    | Unit<br><b>M</b>                                                                                                    | Sec.<br><b>22</b>  |
|                                                                                                                                                             | Twp.<br><b>17S</b>                                                                                                  | Rge.<br><b>28E</b> |
|                                                                                                                                                             | Is gas actually connected? <b>yes</b> When <b>3/30/79</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 | Stim. Resv. | Fill. 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 <b>(X)</b> |        |           |             |            |
| 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 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  |

Posted  
10-3-81  
11-22-81  
dy. ap.

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Lbbls. 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.

*Clarence Smith*  
(Signature)

agent  
(Title)

9-25-81  
(Date)

OIL CONSERVATION COMMISSION  
NOV 23 1981

APPROVED \_\_\_\_\_, 19

BY *W.A. Gressett*  
SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 1102.

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 all applicable and recommended 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.