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| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL | / |
|                        | GAS | / |
| OPERATOR               |     | / |
| PROMOTION OFFICE       |     |   |

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

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

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OCT 24 1978

I. Operator:  
Gulf Oil Corporation ✓  
Address:  
Box 670, Hobbs, N.M. 88240  
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):  
Change in well number designation;  
formerly Tr. 5, Well #2  
effective 9-1-78

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.             |
| Atoka San Andres Unit | 120      | Atoka San Andres                                        | State, Federal or Fee Fee |                       |
| Location              |          |                                                         |                           |                       |
| Unit Letter           | M        | 990 Feet From The West Line and 330 Feet From The South |                           |                       |
| Line of Section       | 11       | Township 18-S                                           | Range 26-E                | N.M.P.M., Eddy 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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Navajo Refining Company, Pipeline Division                                                                               | North Freeman Avenue, Artesia, N.M. 88210                                |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Petroleum Company                                                                                               | 4001 Penbrook, Odessa, Texas 79762                                       |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| E 13 18S 26E                                                                                                             | Yes 11-25-59                                                             |

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 Restv. | Drill Re |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.     |          |        |           |             |          |
| Elevations (DF, RAB, 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 of well 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/MCF      | Gravity of Condensate |
| Testing Method (prior, 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.

Area Engineer

10-16-78

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 30 1978  
BY W. A. Gressett  
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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

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

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

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