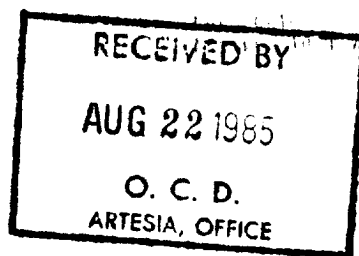


OIL CONSERVATION DISTRICT
P. O. BOX 2048
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Joint Petroleum Corp.

Address
P. O. Box 3805, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ XXXXX Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 8-1-85

(Change of ownership give name and address of previous owner) Southland Royalty Co., 21 Desta Drive, Midland, Texas 79705

DESCRIPTION OF WELL AND LEASE

Lease Name Shugart B	Well No. 1	Pool Name, including Formation Shugart (Y.SR.Q.G.)	Kind of Lease State, Federal or Fee Federal	Lease No. 029390
Location Unit Letter 0 : 330 Feet From The South Line and 2310 Feet From The East Line of Section 33 Township 18S Range 31E, N.M.P.M., Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Water Injection Well	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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as last time
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (BF, 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
			Post ID-3
			8-30-85
			Chg op

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 prod)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I, the undersigned, certify that the well and regulations of the Oil Conservation District have been complied with and that the information given is true and correct to the best of my knowledge and belief.

[Signature]

OIL CONSERVATION DISTRICT

AUG 27 1985

APPROVED BY
Original Signed By
Les A. Clements
Supervisor District II

This form is to be filled out by the owner of the well, the transporter, or the wellhead owner.