| U.S.G.S.       AUT: NIZATION TO TRANSPORT OIL AND NURAL GAS         LAND OFFICE       IAND OFFICE         IRANSPORTER       GAS         OPERATOR       COMPANY         Address       Change in Trespected of Dry Gos         OIL       Dry Gos       Other (Please captoin)         New Weil       Componention       Kind of Leose         Iconship       Conting       Contensate       State of Address         Iconship       State of Address       Midland, TX, 79702        DESCRIPTIO  |   | -1                                      |   | Effective 1-1-65   |
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| International of the service of the   |   | .067 <u>Midland</u> , Texas             |   |  |
| Caracteristics         Oil         Dry Gat         Control of Discourse           Caracteristics         TEXAS PADTFIC OIL COMPANY, INC. P. O. Box A057         Milliand, TX. 17200           Description         Sector Part And States         Control of Discourse Company         Control of Discourse Company           Description         Sector Part And States         Control of Discourse Company         Control of Discourse Company         Control of Discourse Company           Description         Control of Discourse Company         Control of Di  | Reoson(s) for filing (Check proper bo   | ***                                     | Other (Please explain)                    |  |
| Charles of converted give someTEXAS FACTED OIL COMPANY_ DR. P. O. BOX AGG7 Middlend, TX. 75700  PESCENTION OF WELLAND LEASE  PESCENTION OF WELLAND LEASE  PESCENTION OF WELLAND LEASE  Unit the some factoring for the factoring for the factoring for motion  Sector of the some factoring for the factoring for the factoring for motion  Sector of the some factoring for the factoring for the factoring for motion  PESCENTION OF TRANSPORTER OF OIL AND NATIONAL CAS  Pescentry  Pesce  |   |   | is 🔲                                      |  |
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| Circuit Proof       Part Proof P  | If change of ownership give name<br>and address of previous owner   | TEXAS PACIFIC OIL COMP.                 |   | 067 Midland, TX, 79702   |
| Largent C.       MAX       -5       Display - Panil       Control Pressor on Fee       MM 2H         Location       Control       PBO       Press Prior Tree       MM 2H         Unit Letter_C.       GLOD       Fee From Tree       MM 2H       Control       MM 2H         Unit Letter_C.       GLOD       Fee Transmitting       PBO       Fee Transmitting       Control       Control         Descipate at Transport of Control Location Transport o   | DESCRIPTION OF WELL AND   | LEASE                                   | ormation Kind of Let                      | ase 1 ease No.   |
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| WDPRex       Pathodeum       Conc.       Them.       Proc.       Pro.       Proc.       Proc.   | HMOCO<br>Nome of Authorized Transporter of C  | asinghead Gas 💟 or Dry Gas 🗍            | Address (Give oddress to which app        | roved copy of this form is to be sent)   |
| If well production is comminged with that from any other jease or pool, give comminging order number COMPLETION DATA Designate Type of Completion – (X) Date Gample Time View of Producting Converse in the Complexity of Production and the product of the product o  | WORREN PETROJEL   | IM CORD.                                | Box 1045 - Hoh                            | 5, NOW MEXICO  |
| If this production is commingled with that from any other jease or pool, give commingling order number:         COMPLETION DATA         Designate Type of Completion - (X)         Due Spudded         Due Spudded         Due Spudded         Due Spudded         Designate Type of Completion - (X)         Total Depth         Performing (DF, RAH, NT, GR, etc.,)         Name of Producing Foundition         Total Depth         Performines         TUBING, CASING, AND CEMENTING RECORD         Hole Size         CASING & TUBING Size         DEPTH SET         SACKS CEMENT         Due Spudded         Producing Method (Flow, pump, ges Nife, etc.)         Due Size         CASING & TUBING Size         DEPTH SET         SACKS CEMENT         Due Size         Data of Test         Due Size         Data of Test         Data of  | If well produces oil or liquids,<br>give location of tanks.   |   | XO  |  |
| Designate Type of Completion - (X)       Oil well       Oil well       New Nill       <  | If this production is commingled w  | with that from any other lease or pool, | give commingling order number:            | ·••  |
| Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.         Elevations (DF, RRE, RT, GR, etc.,j       Name of Producing Formation       Top OfJ/Gas Pay       Tubing Depth         Performations       Depth Casing Shee       Depth Casing Shee         Performations       TUBING, CASING, AND CEMENTING RECORD       Depth Casing Shee         MOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of load off and must be squal to or exceed top allow able for Idl 22 Acwris       Depth Casing Shee         Date Tries New Oll Run To Tonks       Date of Test       Producing Mashed (Flow, pump, gas till, etc.)       Sacks Stee         Casing Freesure       Cosing Pressure       Chake Size       Chake Size         Casing Freesure       Otl - Bbls.       Weiser-Bbls.       Casing Pressure       Chake Size         Casing Freesure (Ebst-In)       Chake Size       Casing Pressure (Ebst-In)       Chake Size         Centry of Condensatis/AMCF       Carenty of Condensatis       Condensatis/AMCF       It with a complicity of the dot state         Centry free time of biol Conservation       Size       Cosing Pressure (Ebst-In)       Chake Size         Centry of condensatis       Cosing Pressure (Ebst-In)       Chake Size       Chake Si  |   |   | New Well Workover Deepen                  | Plug Back Same Res'v. Diff. Res'v.   |
| Dur Grouten       Dur Grouten       Top Off/Gas Pay       Tubing Depth         Elevations (DF, RKR, RT, GR, etc., j       Name of Producing Formation       Top Off/Gas Pay       Tubing Depth         Perforations       Depth Casting Shoe       Depth Casting Shoe         MOLE \$17E       CASING & TUBING \$12E       DEPTH SET       SACKS CEMENT         MOLE \$17E       CASING & TUBING \$12E       DEPTH SET       SACKS CEMENT         TEST DATA AND REQUEST FOR ALLOWABLE       Creat must be after recovery of total volume of load off and must be equal to or exceed top affect of the opth or be for full of Aberral       Dist First New Off Ameral       Dist of Test         Dust First New Off Num To Tanks       Date of Test       Producing Method (Flow, pump, gas H), etc., j       Testing Pressure       Choke Size         Length of Test       Off - Bbls.       Coating Pressure       Choke Size       Coating Pressure       Choke Size         GAS HELL       Actual Prod. During Test       Off - Bbls.       Coating Pressure (But-In)       Choke Size       Coating Pressure (But-In)       Choke Size         Testing Method (pilot, back pr.)       Tubing Pressure (Etut-In)       Coating Pressure (But-In)       Choke Size       Coating Pressure (But-In)       Choke Size         Testing Method (pilot, back pr.)       Tubing Pressure (Etut-In)       Chowat Signed Tig       Disting Fressure (Etut-In   |   |   | Total Depth                               | P.B.T.D.   |
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| HOLE SIZE       CASING & TUBING SIZE       DEPTH SET       SACKS CEMENT         Image: Start Sta  |   | TUBING CASING AND                       | CEMENTING RECORD                          |  |
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| Dote 3 Hal Act OL Hall To Hall Dote       Tubing Pressue       Cosing Pressue       Choke Size         Length of Test       Tubing Pressue       Cosing Pressue       Choke Size         Actual Prod. During Test       Oll - Bbls.       Weiter - Sbls.       Cas - MCF         GAS WELL       Length of Test       Bbls. Condenente/MMCF       Gravity of Condenente         Testing Method (pitot, back pr.)       Tubing Pressue (shut-in)       Cosing Pressue (shut-in)       Choke Size         CERTIFICATE OF COMPLIANCE       Image: Signed Bit Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and bellef.       Image: Signed Bit Complete Complete to the best of my knowledge and bellef.       Image: Signed Bit Complete Completed Contempleted Completed Completed Completed Com   | OIL WELL  | able for this de                        | pth or be for full 24 hows)               |  |
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| GAS WELL       Actual Prod. Test-MCF/D       Length of Test       Bbls. Corderecte/AMCF       Gravity of Condensate         Testing Method (pitot, back pr.)       Tubing Pressure (Shut-in)       Coaing Pressure (Shut-in)       Chake Size         CERTIFICATE OF COMPLIANCE       Image: Complete of the oil Conservation Commission have been completed with and that the information given above is true and complete to the best of my knowledge and belief.       Image: Construction Complete of the best of my knowledge and belief.       Image: Construction Complete of the form must be accompanies of the complete of the complete of the form the complete of condition of the complete of the form such change of complete of condition of the complete of condition of the form such change of complete of condition of the form such change of complete of condition of the form such change of complete of completed wells.         (Dare)       (Dare)       Fill out only Sections I. II. III. and VI for changes of complete of completed wells.   | Actual Prod. During Test  | Oil-Bbla.                               | Wcter-Bble.                               | Gas-MCF  |
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| 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 beat of my knowledge and belief.       Image: Commission have been completed with and that the information given given above is true and complete to the beat of my knowledge and belief.         BY       Orig. Signed by         ITTLE       Dist 1, Sugge         By       Orig. Signed by         It the is a request for allowable for a newly drilled or deepender well, this form must be filled out completely for allowable on the deviation of the deviation of the deviation of the second paneled wells.         If this is a request for allowable for a newly drilled or deepender well, this form must be filled out completely for allowable on new and recompleted wells.         (Date)       SEP 1 2 1980  | Actual Prod. Test-MCF/D   | Longth of Test                          | Bbla. Conder.acte/MMCF                    | Creatly of Condensate  |
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| TITLE       Dist 1, Duge         Dist 1, Duge       If         If this is a request for allowable for a newly drilled or deepend         (Signifier)         Regional Operations Superintendent/West         (Title)         SEP 1 2 1980         (Date)         (Date)   | above is true and complete to the   | he best of my knowledge and belief.     | I Joury Des                               |  |
| If this is a request for allowable for a newly drilled or deepend<br>(Signifure)<br>Regional Operations Superintendent/West<br>(Title) SEP 1 2 1980<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Title)<br>(Title)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Dat   |   | 1                                       | TITLE Dist L D                            | ulter  |
| (Signified)<br>Regional Operations Superintendent/West<br>(Title)<br>(Date)<br>(Date)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Signified)<br>(Sig  | 1   | - former                                | 1   | to for a newly drilled or deepened   |
| Regional Operations Superintendent/West<br>(Title) SEP 1 2 1980<br>(Date)<br>(Date)<br>(Date)<br>Regional Operations Superintendent/West<br>(Title) SEP 1 2 1980<br>(Date)<br>(Date)<br>All sections of this form must be filled out completely for allow<br>able on new and recompleted wells.<br>Fill out only Sections I. II. III. and VI for changes of owner.<br>well name or number, or transporter, or other such change of condition<br>Superial Forms C-104 must be filed for each pool in multiply  |   |   | well, this form must be accom-            | ordence with RULE 111.   |
| (Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date)<br>(Date | Regional Operat   | nt.t.a                                  | his on new and recompleted                | W 0186.  |
| fourty Consists Forms C-104 must be filed for each pool in multiply   |   | SEP 1 ~ 1980                            | Fill out only Sections I.                 | II. III. and VI for changes of owner,<br>orter, or other such change of condition. |
|   |   |   | Sugarate Forms C-104 m                    | ust be filed for each pool in multiply   |
|   |   |   |   |  |