NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSIC. Form C-104Form C-104 MOCH Supersedes Old C-104 and C-110 Effective F 10.5 C. C. SANTA FE REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL BAS 29 \$ 54 AM 165 . GAS OPERATOR PRORATION OFFICE Operator Charles B. Read Addres Box 1822, Roswell, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ____ Great Western Drilling Co., Box 1659, Midland, Texas II. DESCRIPTION OF WELL AND LEASE Peol Name, Including Formation LLAND-PENNSYLUANIAN Undesignated - Penn. R-3043 Well No. Kind of Lease **state** State, Federal or Fee K-2312 Rambouillet Location Feet From The North Line and 1980 990 __ Feet From The _ West Unit Letter 35 E 11 S Line of Section 32 , Township Range , NMPM, County III. 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 The Permian Corporation Name of Authorized Transporter of Casinghead C 3119. Midland, Texas (Give address to which approved copy of this form is to be sent) Box or Dry Gas .cwT Is gas actually connected? When Rge. Unit Sec. If well produces oil or liquids, give location of tanks. 32 11S 🗆 35E No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Plug Back Same Res'v. Diff. Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. 10, 736' 10, 102' 10/6/65 OWWO Name of Producing Formating Top Oil/Gas Pay Tubing Depth Pool 10,037 10,080' Undesignated Fennsylvanian Depth Casing Show Perforations 10, 200' 10,0894084 10,098-102 TUBING, CASING, AND CEMENTING RECORD ØEPTH SET ŞÁCKS CĒMENT CASING & TUBING SIZE HOLE SIZE 300 ø× 17-1/2" 13-3/8 3211 1600 sx 42011 10, 2001 450 sx 10, 0371 Facker (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas - MCF Water-Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Length of Test Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D

Casing Pressure Choke Size resting Method (pitot, back pr.) Tubing Pressure

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.

Operator (Title)

(Date)

11/19/65

OIL CONSERVATION COMMISSION

MOV 29 1965

TITLE Engineer District 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

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