

Operator

M&amp;G Oil, Inc.

Address

P. O. Box 957 Crossroads, New Mexico 88114

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

1. Change owner to M&amp;G Oil, Inc.

2. Change from Mobil Pipeline to

Permian Corp for oil transporter.

If change of ownership give name  
and address of previous owner

Quicksilver, Inc. P. O. Box 957 Crossroads, New Mexico 88114

## DESCRIPTION OF WELL AND LEASE

|                               |                      |                                                                   |                                                   |                           |
|-------------------------------|----------------------|-------------------------------------------------------------------|---------------------------------------------------|---------------------------|
| Lease Name<br><b>Santa Fe</b> | Well No.<br><b>1</b> | Pool Name, including Formation<br><b>Crossroads Devonian East</b> | Kind of Lease<br>State, Federal or Fee <b>Fee</b> | Lease No.                 |
| Location                      |                      |                                                                   |                                                   |                           |
| Unit Letter <b>C</b>          | <b>660</b>           | Feet From The <b>North</b>                                        | Line and <b>1943</b>                              | Feet From The <b>West</b> |
| Line of Section <b>30</b>     | Township <b>9-S</b>  | Range <b>37-E</b>                                                 | NMPM, <b>Lea</b>                                  | County                    |

## 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) |                  |
| <b>The Permian Corporation</b>                                                                                   | <b>P. O. Box 1183 Houston, Texas 77001</b>                               |                  |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |                  |
| <b>None--No gas production</b>                                                                                   |                                                                          |                  |
| If well produces oil or liquids,<br>give location of tanks.                                                      | Unit <b>C</b>                                                            | Sec. <b>30</b>   |
|                                                                                                                  | Twp. <b>9-S</b>                                                          | Rge. <b>37-E</b> |
|                                                                                                                  | Is gas actually connected?                                               | When             |
|                                                                                                                  | <b>No</b>                                                                |                  |

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 | Stim. Res't. | Inf. Res't. |
| <b>(X)</b>                         |                             |          |                 |          |                   |           |              |             |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |              |             |
| Elevations (DF, RKB, RT, CR, 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

## 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)

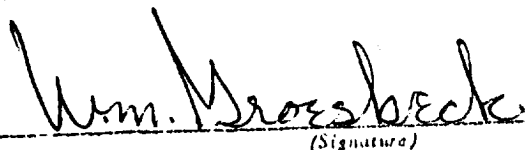
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

## 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.



Vice President

4-12-83

(Date)

## OIL CONSERVATION COMMISSION

APR 22 1983

APPROVED

BY

ORIGINAL SIGNED BY JERRY SEXTON

TITLE

DISTRICT 1 SUPERVISOR

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 portions of this form must be filled out completely for allowable on new and recompleted 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.

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C.C.D.  
HOBBS OFFICE