NO. OF COPH S RECEIVES DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL 11 57 AH '65 LAND OF IRANSPOR GAS OPERATOR PRORATION OFFICE Southland Royalty Company 1405 Wilco Bldg., Midland, Texas Reason(s) for filing (Check proper box) 79704 Other (Please explain) Change in pool designation from New Well Change in Transporter of: Dry Gas Undesignated to Inbe-Pennsylvanian Recompletion Casinghead Gas Condensate Change in Cwnership Pool If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation State, Federal or Fee Fee Inbe-Pennsylvanian Farrar Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The Lea Line of Section 13 , Township 11-S 33-E , NMPM, County Range II. 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 X Box 1725, Midland, Texas Pan American Petroleum Corp. (Trucks) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🛛 💮 or Dry Gas 🦳 Box 966, Lovington, New Mexico Warren Petroleum Corporation Twp. Rge. Is gas actually connected? Sec. Twp. Rge. 13 11-S 33-E If well produces oil or liquids, As soon as possible NoΑ If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. Workover Gas Well Deepen New Well Oil Well Designate Type of Completion -(X)P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Pool Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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 Cil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Choke Size Casina Pressure Testing Method (pitot, back pr.) Tubing Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE NOV 5 1965 APPROVED 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. TITLE Engineer District 9 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. District Engineer All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) 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.

November 3, 1965