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| FILE                   |     |  |
| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PROBATION OFFICE       |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-1  
Effective 1-1-65

I.

|   |   |
|---|---|
| Operator<br>Gas Producing Enterprises, Inc.             |   |
| Address<br>P.O. Box 235, Midland, Texas 79702           |   |
| Reason(s) for filing (Check proper box)                 |   |
| New Well <input type="checkbox"/>                       | Change in Transporter of:   |
| Recompletion <input type="checkbox"/>                   | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain)                                  |   |

If change of ownership give name and address of previous owner Coastal States Gas Producing Company, P.O. Box 235, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

|                             |          |                                |                                     |                             |
|-----------------------------|----------|--------------------------------|-------------------------------------|-----------------------------|
| Lease Name                  | Well No. | Pool Name, Including Formation | Kind of Lease                       | Lease No.                   |
| Flying "M" (SA) Unit Tr. 24 | 2        | Flying "M" San Andres          | State, Federal or Fee Fee           | ---                         |
| Location                    |          |                                |                                     |                             |
| Unit Letter                 | N        | 793.9 Feet From The            | South Line and 1856.6 Feet From The | West                        |
| Line of Section             | 29       | Township                       | 9S                                  | Range 33E, NMPM, Lea County |

III. 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) |               |
| Mobil Pipe Line Company  | P.O. Box 900, Dallas, TX 75221   |               |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |               |
| Cities Service Company   | P.O. Box 300, Tulsa, OK 74102  |               |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec.          |
|  | J  | 29            |
|  |  | 9S            |
|  |  | 33E           |
| Is gas actually connected?   | Yes  | When 10-13-67 |

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

IV. COMPLETION DATA

|                                      |                             |          |                 |          |                   |           |              |               |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|--------------|---------------|
| Designate Type of Completion - (X)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'ty. | Diff. Res'ty. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |              |               |
| Elevations (DF, RAB, 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      |           |              |               |
|                                      |                             |          |                 |          |                   |           |              |               |
|                                      |                             |          |                 |          |                   |           |              |               |
|                                      |                             |          |                 |          |                   |           |              |               |

V. 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 all 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 pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

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.

M H Williamson  
(Signature)  
District Administrative Supervisor  
(Title)

1/3/80  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Jerry Sexton  
Dist. 1, Supv.  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ownership, name, or number, or transporter, or other such change of condition.  
Separate Form C-104 must be filed for each pool in each recompleted well.