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| SANTA FE | | NEW MEXICO OIL CONSERVATION COMMISSION | | Form C-104 | |
| FILE | | REQUEST FOR ALLOWABLE | | Supersedes Old C-104 and C-110 | |
| U.S.G.S. | | AND | | Effective 1-1-65 | |
| LAND OFFICE | | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| TRANSPORTER | OIL | | | | |
| | GAS | | | | |
| OPERATOR | | | | | |
| PRORATION OFFICE | | | | | |

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|--|---|
| Operator | |
| VICTORY PETROLEUM COMPANY | |
| Address | |
| Post Office Box 36666 Houston, Texas 77036 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner _____

| | | | |
|---|----------|--------------------------------|-----------------------------|
| DESCRIPTION OF WELL AND LEASE | | | |
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease |
| New Mexico 8 State Lease | 1 | Flying 'M'/San Andres | State, Federal or Fee State |
| Location | | | Lease No. L-331 |
| Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East | | | |
| Line of Section 8 Township 9S Range 33E , NMPM, Lea County | | | |

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| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| Mobil Oil Corporation | | Post Office Box 633 Midland, Texas 79701 | |
| 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) | |
| None - Used in treater | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. |
| | J | 8 | 9S |
| | | | 33E |
| | | | No |

If this production is commingled with that from any other lease or pool, give commingling order number: None

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|------------------------------------|---|
| COMPLETION DATA | |
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> |
| Date Spudded | Date Compl. Ready to Prod. |
| 9-12-72 | 10-10-72 |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |
| 4392.7' GR | San Andres |
| Perforations | Top Oil/Gas Pay |
| 4410 to 4450 | 4410 |
| | Depth Casing Shoe |
| | 4600 |

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|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/2" | 8-5/8" | 362 | 224 |
| 7-7/8" | 4-1/2" | 4600' | 350 |
| 4-1/2 casing | 2-3/8" | 4528' | |

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| 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.) | |
| 10-10-72 | 10-31-72 | Pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hours | --- | --- | --- |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| | 27.7 | 34.7 | Negligible |

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|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
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| CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | APPROVED NOV 15 1972, 19 | |
| BY | | BY | |
| TITLE | | SUPERVISOR DISTRICT I | |
| 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 only Sections I, II, III, and VI 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. | | | |