

Box DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Rio Brazos Rd, Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|                                  |                           |                           |
|----------------------------------|---------------------------|---------------------------|
| Kerr-McGee Corporation           |                           | Well API No.              |
| P.O. Box 11050 Midland, TX 79702 |                           |                           |
| Requester (Check proper box)     |                           | XX Other (Please explain) |
| Well                             | Change in Transporter of: | Change in transporter     |
| Completion                       | Oil                       | Dry Gas                   |
| Change in Operator               | Casinghead Gas            | Condensate                |
| Name of operator give name       |                           |                           |
| Address of previous operator     |                           |                           |

DESCRIPTION OF WELL AND LEASE

|             |          |  |   |            |
|-------------|----------|--|---|------------|
| Well Name   | Well No. | Pool Name, Including Formation                               | Kind of Lease Fed State, Federal or Fee | Lease No.  |
| Bilbrey 23  | 6        | Sawyer, West (San Andres)                                    |   | LC-065151  |
| Location    |          |  |   |            |
| Unit Letter | P        | 800 Feet From The East Line and 800 Feet From The South Line |   |            |
| Section     | 23       | Township 9S  | Range 37E                               | Lea County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |               |  |      |      |                            |        |
|--|---------------|--|------|------|----------------------------|--------|
| Name of Authorized Transporter of Oil            | or Condensate | Address (Give address to which approved copy of this form is to be sent) |      |      |                            |        |
| Antern Petroleum Company                         |               | P.O. Box 2281 Midland, TX 79702  |      |      |                            |        |
| Name of Authorized Transporter of Casinghead Gas | or Dry Gas    | Address (Give address to which approved copy of this form is to be sent) |      |      |                            |        |
| Midland NGL, Inc.                                |               | P.O. Box 50250 Midland, TX 79710   |      |      |                            |        |
| Well produces oil or liquids, location of tanks. | Unit          | Sec.   | Twp. | Rge. | Is gas actually connected? | When ? |
|  | L             | 23   | 9S   | 37E  | yes                        | 7/76   |

If 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         | Same Res'v | Diff Res'v |
| Spudded                              | Date Compl. Ready to Prod.  |          | Total Depth     |          |        | P.B.T.D.          |            |            |
| Measurements (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |        | Tubing Depth      |            |            |
| Measurements                         |                             |          |                 |          |        | Depth Casing Shoe |            |            |

TUBING, CASING AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE

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.)

|                           |                 |   |            |
|---------------------------|-----------------|---|------------|
| First New Oil Run To Tank | 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   |

AS 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            |

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Judy Benton  
Printed Name Judy Benton Title Analyst II  
Date October 1, 1991 Telephone No. 915/688-7039

OIL CONSERVATION DIVISION

Date Approved 10/1/91

By DAVID L. SEXTON

Title MANAGER

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.