

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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|---|---|
| 1. PRODUCTION OFFICE | |
| Operator Dwight A. Eipton | |
| Address c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, New Mexico 88240 | |
| Reason(s) for filing (Check proper box) Other (Please explain) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Effective 11/1/82 | |

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

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|---|----------------------|---|---|-----------|
| II. DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name Markham | Well No. 1 | Pool Name, Including Formation Jenkins SA | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter I : 660 Feet From The East Line and 1980 Feet From The South | | | | |
| Line of Section 28 T. wnshp 9S Range 35E , NMPM, Lee County | | | | |

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| 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) 2000 North Tower Plaza of the Americas, Dallas, TX 75201 | | | | | |
| 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) Bartlesville, OK 74003 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit I | Sec. 28 | Twp. 9S | Rge. 35E | Is gas actually connected? No | When |

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

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|--------------------------------------|-----------------------------|----------------------|----------|-----------|-------------------|--------------|-----------|-------------|--------------|
| IV. COMPLETION DATA | | | | | | | | | |
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | | |
| Elevations (DF, RKB, 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 | | | |
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| 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 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 (piston, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

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| I. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION DIVISION NOV 3 1982 | |
| 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. | | APPROVED _____, 19____ | |
| Agent (Title) | | ORIGINAL SIGNED BY JERRY SEXTON | |
| 11/1/82 (Date) | | TITLE _____ | |
| ORIG. SIGNED BY _____ (Signature) | | 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 Form C-104 must be filed for each pool in multiple-completed wells. | |