

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SALE A FE	/
FILE	/
U.S.G.S.	/
LAND OFFICE	/
TRANSPORTER	OIL / GAS /
OPERATOR	/
PRODUCTION OFFICE	/

Operator M & W of Lovington, Inc.	
Address Box 922, Lovington, N.M. 88260	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	

If change of ownership give name and address of previous owner M & W Operating Company, Box 922, Lovington, N.M. 88260

DESCRIPTION OF WELL AND LEASE

Lease Name Hayes Federal	Well No. 4	Pool Name, including Formation Allison Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03586
Location Unit Letter L ; 2050 Feet From The South Line and 730 Feet From The West Line of Section 30 Township 8 S Range 37E, NMPM, Roosevelt County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, Tx. 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit J Sec. 30 Twp. 8S Rge. 37E Is gas actually connected? T/A When

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

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 (OF, 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

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)

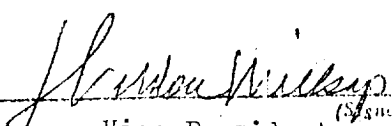
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

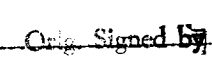
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Vice President

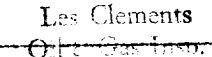
April 24, 1981

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19BY  Orig. Signed By

Les Clements

TITLE  Orig. Gas Insp.

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 portions 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.

RECEIVED

APR 29 1981

OIL CONSERVATION DIV.