DISTHIBUTION V MEXICO OIL CONSERVATION COMMISSION Form C - 104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE SANTA FE Effective 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U,S,G.5. LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE ı. Operate OperAting 88360 Mexico Reason(s) for filing (Check proper box) Lauractow. New Transporter of: Dry Gas Oil Recompletion Condensate Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Lease No. Pool Name, Including Formation 254113 6 State Federal br Fee UAda الاردولي معسأ (CICA) New Maxico Range 36 EYHST, NMPM Township & South County Line of Section II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) 0.1 Corporational Box 1073 Milloud 1110611 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Sor Dry Gas 1589 Tulsa Chila Home 7410 etsoleum Box ovpoint ion WARRED is gas actually Pae Unit If well produces oil or liquids, give location of tanks. 21 154. K 163 If this production is commingled with that from any other lease or pool, give commingling order number: -4566 V. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Oil Well Workover Gas Well New Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay **Tubing Depth** Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE ff 16 x (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Cubing Pressure Casing Pressure Length of Test Water - Bble. Gas - MCF Actual Prod. During Tent **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

I. CERTIFICATE OF COMPLIANCE

11-29-1

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.

(Tule)

OIL CONSERVATION COMMISSION

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, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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Separate Forms C-104 must be filed for each pool in multiply condited world.