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| OIL                    |
| GAS                    |
| OPERATOR               |
| PRODUCTION OFFICE      |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

|   |                        |
|---|------------------------|
| I. NAME                                   |                        |
| Shell Oil Company                         |                        |
| Address                                   |                        |
| P. O. Box 1858, Roswell, New Mexico 88201 |                        |
| Reasons for filling (Check proper box)    | Other (Please explain) |
| Change in Transporter oil                 |                        |
| Change in Casinghead Gas                  |                        |
| Change in Dry Gas                         |                        |
| Change in Location                        |                        |
| Change in Ownership                       |                        |
| Change in Operator                        |                        |
| Change in Production Office               |                        |

If change of ownership give name and address of previous owner

|                                   |   |  |
|-----------------------------------|---|--|
| II. DESCRIPTION OF WELL AND LEASE |   |  |
| Well Name                         | Well No. Pool Name, Including Formation | Kind of Lease  |
| Bate Federal                      | 1 Prairie-Pennsylvanian, South          | State, Federal or Free Federal                       |
| Location                          |   |  |
| Section                           | 660                                     | Feet From The north Line and 1980 Feet From The east |
| Range                             | 22                                      | Township 8-S Range 36-E, NMPM, Roosevelt County      |

|  |  |      |      |      |                            |      |
|--|--|------|------|------|----------------------------|------|
| III. 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) |      |      |      |                            |      |
| Magnolia Pipe Line Co.                                   | Box 1073, Midland, Texas   |      |      |      |                            |      |
| Name of Authorized Transporter of Casinghead Gas         | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |      |
| Capitan, Inc.  | 3707 Rawlins, Dallas, Texas  |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks. | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| G  | 22   | 8-S  | 36-E | Yes  | 2-1-65                     |      |

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

|                                      |                             |                 |                   |          |        |           |             |              |
|--------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|--------------|
| 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 Drilled                         | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |              |
| Foot                                 | Name of Producing Formation | Top Oil/Gas Pay | Taking Depth      |          |        |           |             |              |
| Feet from top                        |                             |                 | Depth Casing Shoe |          |        |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |                 |                   |          |        |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        | DEPTH SET       | SACKS CEMENT      |          |        |           |             |              |
|                                      |                             |                 |                   |          |        |           |             |              |
|                                      |                             |                 |                   |          |        |           |             |              |
|                                      |                             |                 |                   |          |        |           |             |              |

|   |                 |   |            |
|---|-----------------|---|------------|
| 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) |            |
| Flow Test (Flow or Run To Tank)                 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.)   |            |
| Depth 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 (pitot, back pr.) | Tubing Pressure | Casing Pressure       | Choke Size            |

|  |  |                             |  |
|--|--|-----------------------------|--|
| VI. 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 _____, 19          |  |
| Original Signed By   |  | BY _____                    |  |
| S. B. Deal   |  | TITLE _____                 |  |
| (Signature)  |  |                             |  |
| Division Production Superintendent   |  |                             |  |
| (Title)  |  |                             |  |
| February 16, 1965  |  |                             |  |
| (Date)   |  |                             |  |

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 Sections I, II, III, and VI only 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