| District (PO Box 1980, Hobbs, (| NM 88241-1 | 1980 | | Energy, I | | Of New I and Natur | Mexico ral Resour | ces Depa | urtm on t | | F | Form C-104 levised October 18, 1994 |
|---|--|--------------|----------------------|------------|---------------|---------------------------------------|---------------------------------------|----------------|----------------------|---------------------|---------------------------------|---|
| District II 811 South 1st, Artesia | NM 88210 | | | | | | | | | | Submit to | Instructions on back Appropriate District Office |
| District III | | | 0 | IL CO | ONSE | RVAT | ION L | DIVISI | ION | | | 5 Copies |
| 1000 Rio Bravos Rd. A District IV 2040 South Pacheco, S | • | | | | | 10 South . a Fe, Ni | Pacheco M 87505 | | | | | Ded Report |
| | | | FOR | | WARI | FAND | ALITA | רום הנ | | | | 007 |
| Dermier | | | 1. Operator | name and | Address | | AUT | | | | GRID Numb | |
| Permian P. O. Box | | rces, | Inc. | | | | | | N | 025707 | 7 | |
| Midland, | | 702-0 | 0590 | | | | | | \square | 025797 | | · · · · |
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| 4. API Num | ber | | | | 5. Pool Na | me | | | | <u></u> | 6. Pool Co | |
| 30-041-00 7 Property | | | | All | ison; | | | | | | 01149 | |
| 7. Property Code 8. Property Na Las Cruces | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | nb er |
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| 12 Lm Code 13 Producting Me | | | 14. Gas Consortio | | | Permit Number | | 14 C-129 Effor | - | | 17. C-129 Expl | |
| | and Ga | as Trai | nsnort | ere | | | | | | | | |
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| OGRID | Техас | | and Addres ding & | | 3. | | | | | | and D | escription |
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| 02/650 | | | roleum | | | | | | | | | |
| 024650 | P.O. | Box 4 | 777 | | | | 1204530 G B-30-08S | | | | 08S-37E | |
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| V. Well Con | | | | b a | | | | | | | | |
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| VI. Well Tes 35 Date New | | | 36 Gas Deliv | ery Date | | 37 Test Dat | e | 38 Test L | ength | 39 Tbg. Press | ure | 40 Csg. Pressure |
| | | | | | | | | | | | | |
| 41 Choke S | Size | | 42 Oil | | | 43 Weater | | 44 Ge | IS | 45 AOF | | 46 Test Method |
| I hereby certify that with and that the inform | | | | | | | | | | | Merch | |
| knowledge and belief Signature: | | -1 | | | h | // | | GINAL . | SIGNER | UT CHAIS | | |
| 10 | U | [1 | 11 | r | m | 1 | | DIS | TRICT | SUPERVISC | WILLIAN | IS |
| Printed Name: | Rober | t H. M | farshal | 1 | | | Tille; | | | | | |
| Title: V.P. | | | | | | | ApprovalD | le te: | | | | |
| Date: | | | | Phone: | 605 01 | 10 | | | | <u>.</u> | | |
| 3-9-98 47 If this is a change o | | | | | Mr I | s operator | | | | | | |
| M & W Previous Op | erator Signa | ture | | (by- | | GAY Printed Nam | E HEA | HU | | Agent | | 03/02/98 Date |
| OGRIE | D# 1 | 368 | 8 | | | | | | | <u></u> | | |

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|--|---------------------------|---------------------|----------------|---------------------------|---------------------------------------|---------------------------------|--------------------------|-----------------------|------------------------------------|--|
| | | 17 | 10 | State of 1 | New Mexico |)) | | | Form C-104 | |
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | Energy, Minerals and Nat | | | | itural Resou | rces Departi | ment | | Revised 1-1-89 See Instructions | |
| DISTRICT II | OIL CONSERVA | | | | ATION | DIVISI | <u>NC</u> | | at Bottom of Page | |
| 2.0. Drawer DD, Artesia, NM 88210 | | Ĩ | Santa F | | Box 2088 Iexico 875 | 04-2088 | | .: | | |
| 000 Rio Brazos Rd., Aztec, NM 87410 | REC | | | | BLE AND | | | | | |
| Derator | | TOTE | RANSF | PORT OI | LAND NA | TURAL C | ias | | • | |
| M & W OF LOVING | | NC | | | • | | | API No. | | |
| Address | | | | | | <u></u> | | 30-05 | 11 - 1023 | |
| P O BOX 922, LOV Reason(s) for Filing (Check proper box) | /INGTO | N, N. | M. 8 | 8260 | | (1) | | | | |
| New Well | | | | orter of: | | her (Please exp | lain) | • | | |
| Recompletion | Oil Casinghe | · [ead Gas [| Dry G | | | | • | | | |
| f change of operator give name nd address of previous operator | | | | | <u> </u> | | | | | |
| I. DESCRIPTION OF WELL | AND LE | CASE | | | | | | | ······ | |
| Lease Name LAS CRUCES "B" | | Well No | p. Pool 1 | Name, Includ | ing Formation | | | of Lease | Lease No. | |
| Location | | 1 | A | LLISON | PENN | | Feo | Federal or Fee | NM-03431 | |
| Unit Letter D | | 660 | Feet F | rom The | North Lin | e and _660 |) F | eet From The | Vest Line | |
| Section 30 Towns | 11p 85 | | Range | | | MPM, Roc | | | | |
| II. DESIGNATION OF TRA | VSBODT | | | | | Min, KOC | severc | | County | |
| vame of Authorized Transporter of Oil | | or Cond | ensate | | Address (Giv | re address to v | hich approved | d copy of this form | 1 is to be sent) | |
| TEXACO TRADING & | TRAN | SPORT | ATIO or Dry | | BOX 6 | 0628, M | IIDLAND | , TX. 79 | 711-0628 | |
| WARREN PETROLEUM | 1 | | | | BOX 1 | Gadaress to w 589, TU | hich approved ILSA, O | K. 74101 | 1 is 10 be sent) | |
| f well produces oil or liquids, by location of tanks. | Unit B | Sec. 30 | Twp. | Rge. 37E | Is gas actually Yes | y connected? | When | | | |
| this production is commingled with that V. COMPLETION DATA | from any ot | | | | | ber: | | 1/30/ /0 | · | |
| | | Oil We | 11 | Gas Well | New Well | Workover | 1 | | | |
| Designate Type of Completion | | | i | | | workover | Deepen | Plug Back Sa | me Res'v Diff Res'v | |
| are spunded | Date Com | npl. Ready | to Prod. | | Total Depth | | | P.B.T.D. | L | |
| levations (DF, RKB, RT, GR, etc.) | Name of 1 | Producing 1 | Formation | 1 | Top Oil/Gas 1 | Pay | <u></u> | Tubing Depth | · | |
| erforations | | | | | | • | | Depth Casing S | hoe | |
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| HOLE SIZE | CA | ASING & T | UBING | NG AND | CEMENTI | NG RECOR DEPTH SET | | SA | CKS CEMENT | |
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| . TEST DATA AND REQUE | ST FOR | ALLOW | ABLE | | | | | | | |
| IL WELL (Test must be after Tate First New Oil Run To Tank | recovery of 1 | otal volum | e of load | oil and must | be equal to or | exceed top all | owable for thi | s depth or be for | full 24 hours.) | |
| | Date of Te | :51 | | | Producing Me | thod (Flow, p | ump, gas lift, e | elc.) | | |
| ength of Test | Tubing Pr | essure | | | Casing Pressure | | | Choke Size | | |
| ctual Prod. During Test | Oil - Bbls. | , | | | Water - Bbis. | | | Gas- MCF | | |
| | | | | <u></u> | | | | | | |
| GAS WELL | Length of | Test | | | Bhle Conda- | Inte A A 100 | | | | |
| | | | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | |
| esting Method (pitol, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| I. OPERATOR CERTIFIC | LATE OF | F COM | PLIAN | NCE | [· · · · · · · · · · · · · · · · · · | | | <u> </u> | · | |
| I hereby certify that the rules and regu Division have been complied with and | lations of the | Oil Conse | rvation | | | DIL CON | ISERV | ATION D | | |
| is true and complete to the best of my | knowledge a | ind belief. | VCII ADOVO | • • • • • • • • • • • | | Ann | | JUN | 2 3 1989 | |
| 01:1 | 11 11 | .).0 | 1 | | Date | Approve | u | | | |
| | $_{\mu}$ | Ju | 10- | <u> </u> | Ву | | ORIGI | NAL SIGNED | BY JERRY SEXTON | |
| Signature | | | | | 11 - | | | DISTRICT I S | IPERVISOR | |
| Signature JOHNIE W. WILSON Printed Name | ····· | PRES | | <u>11.</u> | | | | | OF ER VISUR | |
| Signature JOHNIE W. WILSON | 3 | 96-46 | Title | | Title | | | | | |

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Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
All accessions of this form must be filled on the state of the state

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes

RECENSED

JUN 22 1987 oco Bliffic Esguid

| SA TAFE | NEW MEXICO | OIL CONSERVATION COMMISSIO | | |
|---|--|---|--|--|
| FI.E | REQ | UEST FOR ALLOWABLE | 10110 (| 3-104 |
| G.S. | | 1115 | Effect | edes Old C-104 and C- ive 1-1-65 |
| DOFFICE | | O TRANSPORT OIL AND NATU | IRAL GAS | • |
| TRANSPORTER OIL GAS | | | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | | | |
| | | | | |
| Address | | | | |
| Check prope | , LOVINGTON, NEW MEX | | | |
| New Well Recompletion | Change in Transporter of; | Other (Please explai | n) | |
| Change in Ownership X | | Dry Gas | | • |
| If change of ownership give nat | | Condensate | | |
| and address of previous owner | | INC. P.O. BO | X 3109, MIDL | |
| DESCRIPTION OF WELL A | ND LEASE | | <u> </u> | AND TX 7970 |
| LAS CRUCES "B' | Well No. Pool Name, Includ | | Lease | Lease No. |
| Location | 1 ALLISON | PENN State, | Federal or Fee FEDEI | RAL NM-034 |
| Unit Letter Di | 660 Feet From The North | | | 1111 054 |
| Line of Section 30 | Township 85 Range | 2717 | From The West | |
| DESIGNATION OF TRANSP | ORTER OF OIL AND NATURAL | Triview, RC | osevelt | County |
| | f Oil X or Condensate | Address (Give address to util | | |
| PERMIAN CORP. | Contractor | Address (Give address to which Box 3119 Midlar | | |
| WARREN PETROLE | Casinghead Gas X or Dry Gas | Box 3119, Midlar Address (Give address to which | approved copy of this for | 02 |
| If well produces oil or liquids, | | $_$ box 1589. This | , Ok. 74101 | m is to be sent) |
| give location of tanks. | B 30 85 37 | E Vec | When | ······································ |
| this production is commingled | with that from any other lease or po | | 11/30/ 70 | |
| | | | | |
| Designate Type of Comple | etion - (X) | 11 New Well Workover Deepe | n Plug Back Sam | e Res'v. Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | 1 |
| levations (DF, RKB, RT, GR, etc. | | | P.B.T.D. | |
| OA, etc. | .) Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| Perforations | | | | |
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| HOLE SIZE | CASING & TUBING SIZE | AND CEMENTING RECORD | · · · · · · · · · · · · · · · · · · · | |
| | | DEPTH SET | SACKS | CEMENT |
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| EST DATA AND REQUEST | FOR ALLOWARIE | | | |
| EST DATA AND REQUEST | able for this | e after recovery of total volume of load depth or be for full 24 hours) | oll and must be equal to | or exceed top allow- |
| EST DATA AND REQUEST II. WELL ate First New Oil Run To Tanks | FOR ALLOWABLE (Test must be able for this Date of Test | e after recovery of total volume of load depth or be for full 24 hours) Producing Method (Flow, pump, ga | oll and must be equal to s lift, etc.) | or exceed top allow- |
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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 --. -- -----Format 06-01-83 DISTRIBUTION OIL CONSERVATION DIVISION Page 1 BANTA PE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 V.8.0.8. LAND OFFICE OIL TRANSPORTER REQUEST FOR ALLOWABLE GAL OPERATOR AND PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator TEXACO Producing Inc. Adres P. O. Box 728, Hobbs, New Mexico 88240 Other (Please explain) Reason(s) for tiling (Check proper box) Change of Operator from Getty to New Well Change in Transporter of: TEXACO Producing Inc. 12/31/84 Joil Dry Gas Recompletion Condensate X Change in Ownership Casingheod Gas If change of ownership give name and address of previous owner. **II. DESCRIPTION OF WELL AND LEASE** Kind of Lease Lease No. Well No. Pool Name, Including Formation Lease Name Las Cruces "B" 1 State, Federal or Fee NM-03431 Allison-Penn Location D 660 660 North West Feet From The t ine and Feet From The Unit Letter 30 8S , NMPM, Roosevelt 37E County Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Andress (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of OII or Condensate P.O. Box 1183, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) Permian Corp. Name of Authorized Transporter of Casinghead Gas 🕅 or Dry Gas Warren Petroleum Corp. P.O. P.O. Box 1589, Tulsa, OK 74102 Sec. Is gas actually connected? Unit Twp. Rge. If well produces oil or liquids, В 39 85 37E Yes 11/30/70 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

WD.

(Signature)

District Operations Manager

March 25, 1985

(Date)

| OIL CONSERVATION | N DIVISION | |
|---------------------|------------|----|
| APPROVED | <i>6/1</i> | 85 |
| BY Jun Sole | Z. | , |
| DISTRICT I SUFERVIS | OR | |

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepenewell, this form must be accompanied by a tabulation of the deviation tasks taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 Forms C-104 must be filed for each pool in multiply completed wells.

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R WE WED MAY 31 1985 NON SE STREE