

|                   |     |  |  |
|-------------------|-----|--|--|
| DISTRIBUTION      |     |  |  |
| SANTA FE          |     |  |  |
| FILE              |     |  |  |
| U.S.G.S.          |     |  |  |
| LAND OFFICE       |     |  |  |
| TRANSPORTER       | OIL |  |  |
|                   | GAS |  |  |
| OPERATOR          |     |  |  |
| PROGRATION OFFICE |     |  |  |

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

Form C-104  
Supersedes Oil C-104 and C-105  
Effective 1-1-65

I. Operator  
AMERICAN PETROFINA CO. OF TEXAS

Address  
Box 2990, Midland, TX 79702

Reason(s) for filing (Check proper box) Other (Please explain)

|                     |                                     |                           |                          |            |                |                          |
|---------------------|-------------------------------------|---------------------------|--------------------------|------------|----------------|--------------------------|
| New Well            | <input type="checkbox"/>            | Change in Transporter of: |                          |            | Injection Well |                          |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> | Dry Gas    |                | <input type="checkbox"/> |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/> | Condensate |                | <input type="checkbox"/> |

If change of ownership give name and address of previous owner  
Amoco Production Company, Box 68, HCRBS, NM 88240

II. DESCRIPTION OF WELL AND LEASE

|                |          |                                |                               |              |
|----------------|----------|--------------------------------|-------------------------------|--------------|
| Lease Name     | Well No. | Pool Name, Including Formation | Kind of Lease                 | NM Lease No. |
| Horton Federal | 4        | Milnesand San Andres           | State, Federal or Fee Federal | 0145685      |

Location

Unit Letter F ; 1650 Feet From The North Line and 1650 Feet From The West

Line of Section 30 Township 8 Range 35 , NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|--|------|------|------|------|----------------------------|------|

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 Rest'v. | Diff. Res. |
|------------------------------------|----------|----------|----------|----------|--------|-----------|--------------|------------|

|                                    |                             |                 |                   |
|------------------------------------|-----------------------------|-----------------|-------------------|
| 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 | SPACKS CEMENT |
|           |                      |           |               |
|           |                      |           |               |
|           |                      |           |               |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours.)

OIL WELL

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| 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 (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. 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.

J. C. Chapman J. C. Chapman  
(Signature)  
Assistant Dist. Manager of Production  
(Title)  
July 5, 1984  
nh (Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 11 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.