

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Stringer Oil & Gas

Address

8700 Crownhill Blvd., Suite #403, San Antonio, Texas 78209

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☒

Costinghead Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name

and address of previous owner Tenneco Oil Company, 7990 IH-10 West, San Antonio, Texas 78230

DESCRIPTION OF WELL AND LEASE

Lease Name State V	Well No. 2	Pool Name, Including Formation Chaveroo (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. OG4897
Location Unit Letter <u>F</u> : <u>1981.5</u> Feet From The <u>North</u> Line and <u>763.6</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>7S</u> Range <u>34E</u> , NMPN, <u>Roosevelt</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Mobil Pipe Line Company	P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Costinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Cities Service Company	P. O. Box 1919, Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	F 30 7S 34E yes March 1, 1977

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same hole's	Diff. hole's
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RAB, 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 (Shut-in, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

R. M. O'Connell

OIL CONSERVATION DIVISION

APPROVED

NOV 18 1983

BY

**ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR**

TITLE

This form is to be filed in compliance with RULE 100.

If it is a request for allowable for a newly drilled well, etc.