WE OF COPIES BECCHAP DISTRIBUTION NEW MEXICO OIL CONSERVATION COM. SANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE **IRANSPORTER** GAS OPERATOR PRORATION OFFICE Cperator Tenneco Oil Company Address 720 So. Colorado Blvd., Denver, Colorado 80222 Reoson(s) for tiling (Check proper box) Other (Please explain) Change in Transporter of: Recompletion 011 Dry Gas Change in Ownership Casinghead Gas X Condensate If change of ownership give name and address of previous owner.... II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation *0G 4897 Kind of Lease State "V" 2 Chaveroo S.A. State, Federal or Fee State Location 1981.5 Feel From The North 763.6 ___Line and Unit Letter West Feet From The 30 7S Township 34E Line of Section Fange Roosevelt III. 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) Name of Authorized Transporter of Casinghead Gas 💢 Address (Give address to which approved copy of this form is to be sent) or Dry Gas Cities Service Company Box 300, Tulsa, Oklahoma 74102 Foe. Twp. If well produces oil or liquids, give location of tanks. Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Deepen Workever Same Res'v. Diff. Res' Plug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.S.T.D. Elevations (DF, RKB, RT, CR, etc.; Name of Producing Formation Top CU/Gas Pay Tuking Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS 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 alloable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Cosing Fressure Cheke Size

Woter-Bble. Actual Fred, During Test Ges-MCF

GAS WELL Actual Pred. Test-MCF/D Length of Teet Bale, Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Freseure (Shat-in) Cosing 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.

(Signature) Division Production Manager (Title) 1-26-18 (Date)

OI CONSERVATION COMMISSION

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County

APPROVED_ Les Cluments

BY. Oil & Gas Tosp.

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

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

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditi Separate Forms C-104 must be filed for each pool in multip

OIL CONSERVED IN IN COMM.