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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

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 1-1-68

| | |
|---|---|
| Operator F L R Oil Company | |
| Address P. O. Box 6785 Odessa, Texas | |
| Reason(s) for filling (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter oil <input type="checkbox"/> |
| 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"/> |
| Other (Please explain) | |

If change of ownership give name and address of previous owner Western States Producing Company, 900 Bldg of the Southwest, Midland, Tex

| | | | | |
|---|---------------|---|--|-------------------------|
| DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name State 30 | Well No. 1 | Pool Name, including Formation Chaveroo San Andres | Kind of Lease State, Federal or Fee State | Lease No. Gallina #2 |
| Location Unit Letter N 660 Feet From The South Line and 660 Feet From The West | | | | |
| Line of Section 30 Township 7S Range 33E, NMPM, Roosevelt County | | | | |

| | | | | |
|--|--------------------------------|--|-----------|----------|
| 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) | | |
| The Permian Corporation | | P. O. Box 3119 Midland, Texas 79701 | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | | |
| Cities Service | | Bartlesville, Oklahoma | | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 30 | Twp. 7S | Rge. 33E |
| | Is gas actually connected? yes | | When 1-70 | |

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

| | | | | |
|--|--------------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| COMPLETION DATA | | | | |
| Designate Type of Completion - (X) | | | | |
| <input checked="" type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen |
| <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res'v. | <input type="checkbox"/> Diff. Res'v. | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| Elevations (DF, RKB, RT, CR, 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 | BACKS CEMENT | |
| | | | | |
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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/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

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|--|--|
| 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. | |
| Sandra Jusell (Signature) | |
| Production Clerk Western States Prod. Co. | |
| March 2, 1971 (Date) | |
| OIL CONSERVATION COMMISSION | |
| APPROVED APR 19 1971 | |
| BY SUPERVISOR DISTRICT 3 | |
| TITLE | |
| 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 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. | |