

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

| | | |
|------------------------|------------|--|
| NO. OF SPILLS RECEIVED | | |
| CONTAMINATION | | |
| HAZARDOUS | | |
| FIRE | | |
| OTHER | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |
| ECHOLOGICAL | | |

Darrell Jackson & Richard Donald Murphree

Address

c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐

Change in Transporter of:

Recompletion

C11

Dry Gas

Change in Ownership ☒

Casinghead Gas

Condensate

Effective 5/1/83

If change of ownership give name and address of previous owner Formerly Wolfson Oil Co. 3206 Republic Nat'l Bank Tower, Dallas, TX 75201

DESCRIPTION OF WELL AND LEASE

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|-------------------------------|----------|--|--|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Fee | Lease No. |
| Mountain Federal | 2 | Tomahawk (San Andres) | Federal | NM-18846 |
| Location | | | | |
| Unit Letter | H | : 2310 Feet From The North Line and 990 Feet From The East | | |
| Line of Section | 30 | Township 7S Range 32E, NMPM, Roosevelt County | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | Address (Give address to which approved copy of this form is to be sent) | |
|--|------|------|------|------|--|--------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | | | | | Box 1183, Houston, Texas 77002 | |
| The Permian Corporation | | | | | | |
| 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 Oil & Gas Corporation | | | | | Box 300, Tulsa, OK 74102 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | G | 30 | 7S | 32E | Yes | 6/5/79 |

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

COMPLETION DATA

| COMPLETION DATA | | | | | | | | | |
|------------------------------------|-----------------------------|----------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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

| 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.)

| OIL WELL | | Date for this report or be for year 19 | |
|---------------------------------|-----------------|---|------------|
| 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

| GAS WELL | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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.

(Signature)

Agent

(Tells)

4/14/83

(1048)

OIL CONSERVATION DIVISION 1003

INSERVATION DIV
MAY 3 1983

APPROVED _____, 19

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

TITLE _____

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 Form C-104 must be filed for each pool in multiple completed wells.