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| LAND OFFICE        |       |      |
| TRANSPORTER        | OIL   |      |
|                    | GAS   |      |
| OPERATOR           |       |      |
| PRORATION OFFICE   |       |      |
|                    |       |      |

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

| AND OFFICE U.S.G.S. LAND OFFICE  OPERATOR OPERATOR OPERATOR Signal Oil and Gas Company Address  Facson(s) for filing (Check proper box) Item Well Item Well Occurrent in Company  If change of ownership give name and address of previous owner  II Change of ownership give name and address of previous owner  II Change of Ownership give name and address of previous owner  II Change of Ownership give name and address of previous owner  II Lester Lane  II DESCRIPTION OF WELL AND LEASE Location Unit Letter H 1980 Feet From The North Line and 660 Feet From The East Line of Section 30 , Township 8-S Range 33-E , NMPM, Chaves  III DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Reme of Authorized Transporter of Oil Company Name of Authorized Transporter of Casinghed C.s. or Dry Gas Address (Give address to which approved copy of this for Magnolia Pipp Line Company Name of Authorized Transporter of Casinghed C.s. or Dry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workeyer Deepen Plus Back Same Company Computed Componing Computed Componing Computer CTB-122  COMPLETION DATA   | number. L1 No. 30-1  Fee State  County  m is to be sent) |  |
|--|--|--|
| Correct Lease name and well  | Fee State  County  |  |
| OPERATOR PROBATION OFFICE  Address  Signal Oil and Gas Company  Address  509 West Texas Avenue, Midland, Texas  Reason(s) for filing (Check proper box)  Item Well Item Company  Country  Countr | Fee State  County m is to be sent)                       |  |
| OPERATOR  PRORATION OFFICE  Signal Oil and Gas Company  Address  509 West Texas Avenue, Midland, Texas  Reason(s) for filing (Check proper box)  Hew Well  | Fee State  County m is to be sent)                       |  |
| Signal Oil and Gas Company   | Fee State  County m is to be sent)                       |  |
| Signal Oil and Gas Company  Address  Feason(s) for filing (Check proper box)  Ittew Well Change in Trunsporter of:  Correct Lease name and Well  Freviously: State Lease Well  Change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  State 30 (#E-8253)  Location  Unit Letter H : 1980 Feet From The North  Line of Section 30 , Township 8-S Range 33-E , NMPM, Chaves  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Township Casinghead C.s. or Dry Gas Address (Give address to which approved copy of this for Chairs of Authorized Transporter of Casinghead C.s. or Dry Gas Address (Give address to which approved copy of this for Chairs of Authorized Transporter of Casinghead C.s. or Dry Gas Address (Give address to which approved copy of this for Chairs of Authorized Transporter of Casinghead C.s. or Dry Gas Address (Give address to which approved copy of this for Chairs of Authorized Transporter of Casinghead C.s. or Dry Gas Is que address to which approved copy of this for Chairs of Authorized Transporter of Casinghead C.s. Twp. Rge. Is que actually connected? When give location of tanks.  D 29 8-S 33-E Yes 9-11-61  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122   | Fee State  County m is to be sent)                       |  |
| Signal Oil and Gas Company    Address  | Fee State  County m is to be sent)                       |  |
| Solid   Change in Transporter of:   Correct Lease name and well  | Fee State  County m is to be sent)                       |  |
| Reason(s) for filing (Check proper box)  Item Well   | Fee State  County m is to be sent)                       |  |
| Reson(s) for filing (Check proper box)   Change in Trunsporter of:   Correct Lease name and well   Recompletion   Cil   Crasinghead Gas   Condensate   Previously: State Lease Well   Pr   | Fee State  County m is to be sent)                       |  |
| Change in Transporter of:   Correct Lease name and well   Freviously: State Lease Well   Change in Ownership   Casinghead Gas   Condensate   Previously: State Lease Well   Change in Ownership give name and address of previous owner      If change of ownership give name and address of previous owner  | Fee State  County m is to be sent)                       |  |
| Change in Ownership  | Fee State  County m is to be sent)                       |  |
| If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  State 30 (#E-8253)  Location  Unit Letter H; 1980  Feet From The North  Line and 660  Feet From The East  Line of Section 30, Township 8-S  Range 33-E, NMPM, Chaves  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Casinghead C.s. or Dry Gas Address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, que location of tanks.  D 29 8-S 33-E Tes 9-11-61  If this production is commingled with that from any other lease or pool, give commingling order number:  CTB-122  COMPLETION DATA   | Fee State  County  m is to be sent)                      |  |
| If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  State 30 (#E-8253)  Location  Unit Letter H   | County<br>m is to be sent)                               |  |
| DESCRIPTION OF WELL AND LEASE  Lease Name State 30 (#E-8253)  1 Tobac (Penn)  State, Federal or State, Federal or Unit Letter H. 1980  Line of Section 30 , Township 8-S  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil C c Jondensate Address (Give address to which approved copy of this for Magnolia Pipe Line Company  Name of Authorized Transporter of Casinghead G s or Dry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, give location of tanks.  D 29 8-S 33-E Tes 9-11-6l.  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA  | County<br>m is to be sent)                               |  |
| DESCRIPTION OF WELL AND LEASE  Lease Name  State 30 (#E-8253)  Location  Unit Letter H 1980  Feet From The North  Line and 660  Feet From The East  Line of Section 30 , Township 8-S Range 33-E , NMPM, Chaves  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil C C Condensate Address (Give address to which approved copy of this for Magnolia Pipe Line Company  Name of Authorized Transporter of Casinghead G .s or Dry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, give location of tanks.  D 29 8-S 33-E Yes 9-11-61  Tobac (Penn)  Kind of Lease  Kind of Lease  Kind of Lease  Kind of Lease  State, Federal or  Address (Give address to which approved copy of this for Dry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  3707 Rawlins Ave, Dallas 19, Tes  If well produces oil or liquids, give location of tanks.  D 29 8-S 33-E Yes 9-11-61  Tobac (Penn)  Kind of Lease  Kate, Federal or  Kind of Lease  State, Federal or  Kind of Lease  State, Federal or  Address (Give address to which approved copy of this for Cpaitan, Inc.  3707 Rawlins Ave, Dallas 19, Tes  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  | County<br>m is to be sent)                               |  |
| State 30 (#E-8253)   1   Tobac (Penn)   State, Federal or  | County<br>m is to be sent)                               |  |
| State 30 (#E-8253)  Location  Unit Letter H  | County<br>m is to be sent)                               |  |
| Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East  Line of Section 30 , Township 8-S Range 33-E , NMPM, Chaves  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil C Jondensate Address (Give address to which approved copy of this for Magnolia Pipe Line Company  Name of Authorized Transporter of Casinghead C s or Dry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, give location of tanks.  D 29 8-S 33-E Tes 9-11-61  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA  | County<br>m is to be sent)                               |  |
| Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East  Line of Section 30 , Township 8-S Range 33-E , NMPM, Chaves  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil C Jondensate Address (Give address to which approved copy of this for Magnolia Pipe Line Company  Name of Authorized Transporter of Casinghead G s or Dry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, qive location of tanks.  D 29 8-S 33-E Tes 9-11-61  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA  | County<br>m is to be sent)                               |  |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Company  Name of Authorized Transporter of Casinghead G.s. or Dry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Range 33-E , NMPM, Chaves  Address (Give address to which approved copy of this for Give address to which approved copy of this for 3707 Rawlins Ave, Dallas 19. Test Sec. Twp. Rge. Is gas actually connected?  Yes 9-11-61  CTB-122   | m is to be sent)   |  |
| Line of Section 30 , Township 8-S Range 33-E , NMPM, Chaves  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this for Magnolia Pipe Line Company  Name of Authorized Transporter of Casinghead G. Torry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, give location of tanks.  D 29 8-S 33-E Tes  15 gas actually connected?  When 9-11-61  Tomported Transporter of Casinghead G. Torry Rige.  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA  | m is to be sent)   |  |
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this for Magnolia Pipe Line Company  Name of Authorized Transporter of Casinghead Condensate Address (Give address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, give location of tanks.  D 29 8-S 33-E Tes  1 gas actually connected?  When  9-11-61  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA   | m is to be sent)   |  |
| Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this for P.O. Box 900, Dallas, Texas  Name of Authorized Transporter of Casinghead Cost or Dry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, qive location of tanks.  D 29 8-S 33-E Yes 9-11-61  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA  | •  |  |
| Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this for P.O. Box 900, Dallas, Texas  Name of Authorized Transporter of Casinghead Cost or Dry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, qive location of tanks.  D 29 8-S 33-E Yes 9-11-61  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA  | •  |  |
| Magnolia Pipe Line Company  Name of Authorized Transporter of Casinghead C.s. or Dry Gas Address (Give address to which approved copy of this for Cpaitan, Inc.  If well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  P.O. Box 900, Dallas, Texas  Address (Give address to which approved copy of this for 3707 Rawlins Ave, Dallas 19, Texas  Figure 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,  | •  |  |
| Name of Authorized Transporter of Casinghead G. s or Dry Gas Address (Give address to which approved copy of this for 3707 Rewlins Ave, Dellas 19, Te:  If well produces oil or liquids, give location of tanks.  D 29 8-S 33-E Yes 9-11-61  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA  |  |  |
| Cpaitan, Inc.  If well produces oil or liquids, give location of tanks.  D 29 8-S 33-E Tes  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  3707 Rawlins Ave, Dallas 19, Tes  When  9-11-61  CTB-122   | m is to be south   |  |
| If well produces oil or liquids, give location of tanks.  D 29 8-S 33-E Yes 9-11-61  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA  |  |  |
| give location of tanks.  D 29 8-S 33-E Yes 9-11-64  If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA   | KBLS   |  |
| If this production is commingled with that from any other lease or pool, give commingling order number: CTB-122  COMPLETION DATA   |  |  |
| COMPLETION DATA  |  |  |
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| dit well and well workover beeben bind back sam  | e Res'v. Diff. Res                                       |  |
| Designate Type of Completion - (X)   |  |  |
| Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.   |  |  |
|  |  |  |
| Fool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  |  |  |
|  |  |  |
| Perforations Depth Casing Sho  | be   |  |
|  |  |  |
| TUBING, CASING, AND CEMENTING RECORD   |  |  |
| HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS   | CEMENT   |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)  | o or exceed top allo                                     |  |
| OIL WELL  able 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 Frod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Conde  | nsate  |  |
|  |  |  |
| Testing Method (pitot, back pr.)  Tubing Pressure  Casing Pressure  Choke Size   |  |  |
|  |  |  |
| CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMIS  | SION   |  |
|  |  |  |
| I hereby certify that the rules and regulations of the Oil Conservation  | , 19   |  |
| On the last three transfer and the state of the information minor !!   | BY   |  |
| Tk   | t .  |  |
| TITLE  |  |  |
|  |  |  |
| This form is to be filed in compliance with  | 7 III E 4404   |  |

(Signature)

(Title)

Production Engineer

March 23, 1965

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 Sections I, II, III, and VI only 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.