

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Jack L. Phillips

Address  
Drawer 392, Gladewater, Texas 75647

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
Change in Transporter of:  
☒ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)  
Change of Operator

If change of ownership give name and address of previous owner  
JJB Enterprises  
Exxon, U.S.A., Box 4566, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                        |
|--|---------------|---|--|------------------------|
| Lease Name<br>Isler Federal  | Well No.<br>3 | Pool Name, including Formation<br>Many Gates (Wolfcamp) | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>NM 055564 |
| Location<br>Unit Letter M ; 660 Feet From The S Line and 600660 Feet From The W<br>Line of Section 29 Township 9S Range 30E, NMPM, Chaves County |               |   |  |                        |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>No Change (Permian) | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>None                   | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks.<br>Unit M Sec. 31 Twp. 9S Rge. 30E   | Is gas actually connected? When  |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Operator  
(Signature)  
Operator  
(Title)  
Effective 5/1/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_  
BY ORIGINAL SIGNATURE OF LARRY DIXON  
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.