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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C.
Effective 1-1-65

1. Operator
MCF Oil Corporation

Address
P. O. Box 360, Midland, Texas 79702

Reason(s) for filing (Check proper box)

| | | | | | |
|---------------------|--------------------------|---------------------------|-------------------------------------|------------------------|-------------------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) | |
| Recompletion | <input type="checkbox"/> | Oil | <input checked="" type="checkbox"/> | Dry Gas | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | Condensate | <input checked="" type="checkbox"/> |

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------|---------------|--|--|---------------------|
| Lease Name Hope State | Well No. 1 | Pool Name, including Formation Hightower Permo Penn | Kind of Lease State, Federal or Fee State | Lease No. B-9473 |
|--------------------------|---------------|--|--|---------------------|

Location
Unit Letter P : 660 Feet From The S Line and 660 Feet From The E
Line of Section 22 Township 12-S Range 33-E County Enron Oil Trading & Transportation Co.
P. O. Box 1188
Houston, TX. 77251-1188 Effective 7-1-88

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Tesoro Crude Oil Company | 8700 Tesoro Drive, San Antonio, Texas 78206 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Warren Petroleum, Inc. | P. O. Box 1589, Tulsa, Ok 74100 |

| | | | | | | |
|--|-----------|------------|--------------|--------------|-----------------------------------|------|
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 22 | Twp. 12-S | Rge. 33-E | Is gas actually connected? Yes | When |
|--|-----------|------------|--------------|--------------|-----------------------------------|------|

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

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, 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 | 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)

| | | | |
|---------------------------------|-----------------|---|------------|
| 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/MMCF | Gravity of Condensate |
| Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M E Kelly
(Signature)
Manager, Production & Engineering
(Title)
June 29, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 26 1982, 19

BY Orig. Signed by
Les Clements
TITLE Oil & Gas Insp.

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.

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