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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION 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-110
Effective 1-1-65

| | |
|--|---|
| Operator SKELTON OIL COMPANY | |
| Address P.O. BOX 840 - HOBBS, N.M. 88240 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| 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 type="checkbox"/> |

If change of ownership give name
and address of previous owner _____

| | | | | | |
|-------------------------------|----------------------|----------------------------|--|---|-----------|
| Lease Name KENDRICK | | Well No. 1 | Pool Name, including Formation GLADIOLA - WOLFCAMP | Kind of Lease State, Federal or Fee FEE | Lease No. |
| Location | | | | | |
| Unit Letter X | 1980 | Feet From The SOUTH | Line and 660 | Feet From The EAST | |
| Line of Section 6 | Township 12-S | Range 38-E | NMPM, | LEA | County |

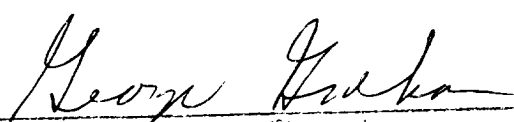
| | | | | | |
|---|------------------|---|-------------------|-------------------|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> MOBIL PIPELINE CO. | | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 900 - DALLAS, TX. 75200 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM COMPANY | | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589 - TULSA, OK. 74102 | | | |
| If well produces oil or liquids, give location of tanks. | Unit 1 | Sec. 6 | Twp. 12 | Rge. 38 | Is gas actually connected? YES When |

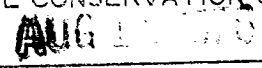
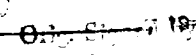
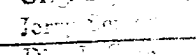

If this production is commingled with that from any other lease or pool, give commingling order number: _____

| | | | | | | | | | |
|---|--|--|--------------|-----------------------------|------------------|--------|-----------|----------------|-----------------|
| Designate Type of Completion - (X) | | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Reservoir | Diff. Reservoir |
| Date Spudded 8-12-74 | Date Compl. Ready to Prod. 6-19-75 | Total Depth 12002 | | P.B.T.D. 9567 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3872 | Name of Producing Formation WOLFCAMP | Top Oil/Gas Pay 9437 | | Tubing Depth 9400 | | | | | |
| Perforations 9437 - 9468 - 13 HOLES | | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 7 7/8 | 5 1/2 CASING | | 12002 | | 150 sacks | | | | |
| | 2 3/8 TUBING | | 9400 | | | | | | |

| | | | |
|---|-----------------|---|------------|
| V. 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 |

| | |
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| VI. 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. | |
|  (Signature) | |
| OFFICE MANAGER | |
| AUGUST 11, 1976 | |
| (Date) | |

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| OIL CONSERVATION COMMISSION | |
| APPROVED  | By  |
| BY  | 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 flow test data 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. | |