## Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Well API No.

DISTRICT II P.O. Drawer DD, Artesia, N. 48210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Operator

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

| Address c / 0 011 Reports 6 Gas Services, Inc., P.O. Box 755, Hobbs, NM 88241  Rassoif for Filing (Check proper box)  New Well  Recomplishe  Oil Dy Cas  Chatage in Transporter of:  Chatage in Operator  Oil Dy Cas  If change of operator give name  More of Oil Corp. P.O. Box 21540, Tulsa, OK 74121-1540  Unit Letter  Buber  Oil Dy Cas  Leas Name  Huber  Oil AND Rear Including Formation  Huber  Oil Dy Cas  North Baqley Fern  Kind of Lease  Leas No.  Statistics  County  Location  Unit Letter  B : 660  Feet From The North Lias and 1980  Feet From The East Line  Section 9 Township 125 Rearges 33E NMPM, Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil TXX  or Condensite  Address (Give address to which approved copy of this form is to be sent)  Designated Transporter of Oil TXX  Name of Authorized Transporter of Oil TXX  Name of Authorized Transporter of Oil TXX  Or Dy Osa  Name of Authorized Transporter of Oil TXX  Or Dy Osa  Name of Authorized Transporter of Oil TXX  Or Dy Osa  Name of Authorized Transporter of Oil TXX  Or Dy Osa  Name of Authorized Transporter of Oil TXX  Or Dy Osa  Name of Authorized Transporter of Oil TXX  Or Dy Osa  Name of Authorized Transporter of Oil TxX  Or Dy Osa  Name of Authorized Transporter of Oil TxX  Or Dy Osa  Name of Authorized Transporter of Oil TxX  Or Dy Osa  Name of Authorized Transporter of Oil TxX  Or Dy Osa  Name of Authorized Transporter of Oil TxX  Or Dy Osa  Name of Authorized Transporter of Oil TxX  Or Dy Osa  Name of Authorized Transporter of Oil TxX  Or Dy Osa  Name of Authorized Transporter of Oil TxX  Or Dy Osa  Name of Authorized Transporter of Oil TxX  Or Dy Osa  Name of Authorized Transporter of Oil TxX  Or Dy Osa  Name | J P H Oil Producers  |                             |                                  |                |               |   |                           |          | 36-625-23682                                 |              |             |  |
|--|--|-----------------------------|----------------------------------|----------------|---------------|---|---------------------------|----------|--|--------------|-------------|--|
| Description      | 1  | Gas Se                      | rvices                           | Inc            | ., P.O.       | Box 75  | 5. Hobbs.                 |          | _  |              |             |  |
| Recompletion   Consignated Case   Consignated Cas   | Reason(s) for Filing (Check proper box)  Other (Please explain)  |                             |                                  |                |               |   |                           |          |  |              |             |  |
| Case   Continue   Case   Continue   Case   Continue   Case   Ca   |  |                             |                                  |                |               |   |                           |          |  |              |             |  |
| Honese of communication operator   | TT-7   |                             |                                  | , ,            | -             |   | Eff. 1/                   | 1/93     |  |              |             |  |
| IL DESCRIPTION (F WELL AND LEASE   Leas No.   Well No.   Rool Name, including Personation   Stand of Lease No.   | If change of operator give name and address of previous operator MGF Oil Corp., P.O. Box 21540, Tulsa, OK 74121-1540         |                             |                                  |                |               |   |                           |          |  |              |             |  |
| Lisas Name   Number   2   North Barglay   Feet   Maria   Including Formation   Challed   Charled   Charl   | ·  | AND LE                      | ASE                              |                |               |   |                           |          |  |              |             |  |
| Location    |  |                             |                                  |                |               |   |                           |          |  | Le           | ase No.     |  |
| Ualt Latter  |  |                             | 2                                | No             | rth Bac       | ley Peni                                      | n                         | (State)  | Fédérál or Fee                               | <u></u>      | <del></del> |  |
| Section 9   Township   12S   Reage   33E   NMFM,   Loca   County   |  |                             |                                  |                |               |   |                           |          |  |              |             |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transparet of Coll   Ext   Or Condensite   Address (Give address to which approved copy of this form is to be sent)  | Unit Letter = : GGG   Feet From the MOI CII   Line and 1900   Feet From The Last   Line                                      |                             |                                  |                |               |   |                           |          |  |              |             |  |
| Name of Authorized Transparter GO II Congression is September Control Transparter GO II Congression II II Congression II Congression II Congression II Congression II Co | Section 9 Township 12S Range 33E , NMPM, Lea County  |                             |                                  |                |               |   |                           |          |  |              |             |  |
| Name of Authorized Transparter GO II Congression is September Control Transparter GO II Congression II II Congression II Congression II Congression II Congression II Co | III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   |                             |                                  |                |               |   |                           |          |  |              |             |  |
| Name of Authorities Transparter of Casinghead Gas "Cay's or Prof. Gas   Active Science address to whick approved copy of this form is to be sent)  Warren, Petri of Lainin Comporation  If well produces of in liquics,   Unit   Sec.   Twp.   Ras.   I special processor of the committee of the prof.   When ?    If well produces of in liquics,   Unit   Sec.   Twp.   Ras.   I special processor of the prof.   When?   When?    When?   When?   When?   When?   When?   When?    When?   When?   When?   When?   When?    When?   When?   When?   When?   When?   When?   When?   When?    Designate Type of Completion - (X)   Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Resv   Diff Resv    Designate Type of Completion - (X)   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth    Designate Type of Completion - (X)   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth    Designate Type of Completion - (X)   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth    Designate Type of Completion - (X)   Name of Producing Formation   Top Oil/Gas Pay   Tubing Depth    Perforations   Tubing Casing And Cementing Record   Depth Casing Stoce    TUBING, CASING AND CEMENTING RECORD   Depth Casing Stoce    TUBING, CASING AND CEMENTING RECORD   Depth Casing Stoce    TUBING, CASING AND CEMENTING RECORD   Depth Section   Depth Casing Stoce    TUBING, CASING AND CEMENTING RECORD   Depth Casing Stoce    TUBING CASING AND CEMENTING RECORD   Depth Casing Stoce    TUBING CASING AND CEMENTING RECORD   Depth Casing Stoce   Depth Section   Depth Casing Stoce    Tubing Pressure   Casing Method (Plow, pump, ges 149, stc.)    Oil Well   Description   Depth Casing Method (Plow, pump, ges 149, stc.)    Oil Consension   Description   Des | Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) |                             |                                  |                |               |   |                           |          |  |              |             |  |
| Warren   Petrolalum   Component for   Sec.   Twp.   Rgs.   Sepa sensity consented?   When ?   Sepa sensity consented?     | Enron 011 Trading & Transportation P.O. Box 1188, Houston TX 77251-1188  |                             |                                  |                |               |   |                           |          |  |              |             |  |
| If well produces oil or liquies,   |  |                             |                                  |                |               |   |                           |          |  |              |             |  |
| Title production is commingued with that from any other lease or pool, give comminging order number:   IV. COMPLETION IDATA  | If well produces oil or liquics,   | Unit                        | Unit Sec. Twp. Rge. Is gas actua |                |               |   |                           |          |  |              |             |  |
| Designate Type of Completion - (X)  Dute Spadded  Date Compl. Ready to Prod.  Date Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  DIL 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 Fire New Oil Run To Teak  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Langth of Test  Date Treatment (Shut-in)  Tubing Pressure (Shut-in)  Date Size-MCF  Casing Pressure (Shut-in)  Date Complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNES BY SERTY SERTON  ENTREY'S SUPERVISOR  Title  Test DATA AND REQUEST FOR ALLOWABLE  Depth Sarry Serton  Depth Casing Sance Per Diff Rest  Depth Sarry Sance Diff Rest  Depth Casing Sance Rest Diff Rest  Tubing Depth  P.B.T.D.  Print Rest V. Deeph Casing Sance Diff Rest  Depth Casing Sance Per Diff Rest  Depth Casing Sance Per Diff Rest  Depth Casing Sance Diff Rest  Depth Casing Sance Per Diff Rest  Depth Casing Sance Depth Casing Sance Per Diff Rest  Tubing Depth Depth Casing Sance Per Diff Rest  Tubing Depth Casing Sance  |  |                             | <u> </u>                         | <u> </u>       | <u> </u>      |   |                           |          |  |              |             |  |
| Date Spadded  Date Compl. Ready to Prod.  Date Spadded  Date Compl. Ready to Prod.  Date Spadded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA ANI. REQUEST FOR ALLOWABLE  DIL WELL  (It set 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 Rus To Teak  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Actual Prod. During Test  Oil - Bbis.  Water - Bbis.  Gas-MCF  Testing Method (picor, back jr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Date Approved  By ORIGINAL SHENES BY SEXTY SEXTON  BYSTRICT I SUPPLY/SOR  Title  Title  Title  Title  Title  Title  Title  Title  Title  | IV. COMPLETION DATA  | i irom any ou               | ner lease or                     | poor, giv      | e committee   | ing order mitti                               | oer;                      |          |  |              |             |  |
| Date Speaded  Date Compl. Ready to Prod.  Total Depth P.B.T.D.  Top Ol/Gas Pay  Tubing Depth Tubing Casing Shoe  TUBING, CASING AND CEMENTING RECORD CASING A TUBING SIZE  DEPTH SET SACKS CEMENT  V. TEST DATA ANI. REQUEST FOR ALLOWABLE OLIT 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 Rus To Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  GAS WELL Actual Prod. Test - MCF/D  Length of Test  Oil - Bbis.  Water - Bbis.  GAS WELL Actual Prod. Test - MCF/D  Length of Test  Bbis. Condessate/MMCF  Gravity of Condessate  Choke Size  OIL CONSERVATION DIVISION Division have been compiled with and that the information gives above is true and complete to the best of my knowledge and belief.  Signation  Signation  Ristrict Supplied by Agent  Ristrict Supplied by Agent  Title  Ti | Decignate Type of Completion   |                             | Oil Well                         |                | ias Well      | New Well                                      | Workover                  | Deepen   | Plug Back Sai                                | me Res'v     | Diff Res'v  |  |
| Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Tubing Depth  Tubing Depth  Tubing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 Task  Date of Test  Tubing Pressure  Casing Pressure  Chick Size  Chick Size  Actual Prod. Test - MCF/D  Length of Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Oil - Bbls.  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the niles and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Signaphorna Holler  Agent  Title  Printed Name  Title   |  |                             | nd. Ready to                     | Prod           |               | Total Depth                                   |                           |          | PRTD   | <del></del>  | <u> </u>    |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Casing Pressure  Choke Size  Actual Prod. Test - MCF/D  Length of Test  Water - Bbls.  Gas- MCF  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Signature  Signature  Agent  Title  |  | Date Compi. Ready to From   |                                  |                |               |   | P.B.1.D.                  |          |  |              |             |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  DIL 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 Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Choke Size  Choke Size  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Dil Bbls.  Gas-MCF  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information gives above is true and complete to the best of my knowledge and belief.  Signature  Signature  Agent  Printed Name  Title   | Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |                                  |                |               | Top Oil/Gas Pay                               |                           |          | Tubing Depth                                 |              |             |  |
| HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 Rus To Task  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Water - Bbis.  Gas- MCF  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Dilion Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.  Signally final Holler  Agent  Printed Name  1/12/93  (505) 393-2727  Title  | Perforations   |                             |                                  |                |               |   | Depth Casing Shoe         |          |  |              |             |  |
| HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 Rus To Task  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Water - Bbis.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Dilion pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.  Signally find Holler  Agent  Printed Name  1/12/93  (505) 393-2727  Title  |  |                             |                                  | <del>- ,</del> |               |   | ·                         |          |  |              |             |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE  Oil WELL (Test nuts 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 Tank 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)  VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the nites and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.  Signally Final Holler Agent  Printed Name (505) 393-2727  Title  Title  Title  Title  Title  Title  Title  Title  Title   | UOI E 017E   |                             |                                  |                |               |   |                           |          |  |              |             |  |
| DIL 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 'fank  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- MCF  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY CERTY SEXTON  RESTRICT I SUPPRIVISOR  Title  Title  Title  Title  Title  Title  Title   | HOLE SIZE  | - CA                        | CASING & TOBING SIZE             |                |               |   | DEPTH SET                 |          |  | SAUNS CEMENT |             |  |
| DIL 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 'fank  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- MCF  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.  Date Approved  By ORIGINAL SIGNED BY CERTY SEXTON  RESTRICT I SUPPRIVISOR  Title  Title  Title  Title  Title  Title  Title   |  |                             |                                  |                |               |   |                           |          |  |              |             |  |
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| Date First New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gravity of Condensate  Testing Method (pitot, back jr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.  Oil CONSERVATION DIVISION  JAN 29 1993  Date Approved  By ORIGINAL SIGNAL SIG | V. TEST DATA AND REQUE   | ST FOR                      | ALLOW                            | ABLE           |               | <u> </u>                                      |                           |          | <u> </u>                                     | <del> </del> |             |  |
| Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Water - Bbls.  Gas- MCF  Gas- MCF  Gas- MCF  Gas- MCF  Gas- MCF  Gas- MCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR 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.  OIL CONSERVATION DIVISION  Date Approved  By ORIGINAL SIGNED BY CERTY SEXTON  ENTRY OF TITLE  Title  Title  Title  Title  Title  Title  Title   |  |                             |                                  |                | iuli 24 hour. | г.)   |                           |          |  |              |             |  |
| Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gas- MCF  Gas- MCF  Gas- MCF  Gravity of Condensate  Bbls. Condensate/MMCF  Gravity of Condensate  Choke Size  VI. OPERATOR 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.  Date Approved  By ORIGINAL SHOPERVISOR  Frinted Name  1/12/93  (505) 393-2727  Title  Title  Title  Title   | Date First New Oil Run To 'Sank  | Date of Test                |                                  |                |               | Producing Method (Flow, pump, gas lift, etc.) |                           |          |  |              |             |  |
| GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bibls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR 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  Signature  Printed Name  Title  1/12/93  (505) 393-2727  Bibls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  DATE Approved  BY ORIGINAL SIGNEY SEXTON  BY ORIGINAL SIGNEY SEXTON  BY ORIGINAL SIGNEY SEXTON  Title  Title  Title   | Length of Test   | Tubing Pressure             |                                  |                |               | Casing Pressure                               |                           |          | Choke Size                                   |              |             |  |
| GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bibls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR 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  Signature  Printed Name  Title  1/12/93  (505) 393-2727  Bibls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  DATE Approved  BY ORIGINAL SIGNEY SEXTON  BY ORIGINAL SIGNEY SEXTON  BY ORIGINAL SIGNEY SEXTON  Title  Title  Title   | A seed David David Trees   | O' PU                       |                                  |                |               | Water Dhia                                    |                           |          | Gas- MCF                                     |              |             |  |
| Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR 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.  Date Approved  By ORIGINAL SIGNED BY GEORY SEXTON  BY TITLE  Title  Title  Title  Title  Title   | Actual Prod. During Test   | Oii - Bois.                 |                                  |                |               | Marci - Boir                                  |                           |          | Gas- MCF                                     |              |             |  |
| Actual Prod. Test - MCF/D  Langth of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR 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.  Date Approved  By ORIGINAL SIGNED BY GEORY SEXTON  BY TITLE  Title  Title  Title  Title  Title  | GAS WELL   |                             |                                  |                |               | <u> </u>                                      | ·                         |          | <u>.                                    </u> |              |             |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION  JAN 2 9 1993  Date Approved  By ORIGINAL SHENES BY SERRY SEXTON  BY STRICT I SUPERVISOR  Title  1/12/93 (505) 393-2727   | Actual Prod. Test - MCF/D  | Length of Test              |                                  |                |               | Bbls. Condensate/MMCF                         |                           |          | Gravity of Condensate                        |              |             |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.  OIL CONSERVATION DIVISION  JAN 2 9 1993  Date Approved  By ORIGINAL SHENES BY SERRY SEXTON  BY STRICT I SUPERVISOR  Title  1/12/93 (505) 393-2727   | erting Mathod (nicet heat on)  |                             |                                  |                |               | Casing Program (Churt in)                     |                           |          | Choke Size                                   |              |             |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.    Signature   Donna   Holler   Agent   | lesting Method (puot, back   *.)   | round reseme (mm-m)         |                                  |                |               | Caning Pressure (Gira-in)                     |                           |          |  |              |             |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief.    Signature   Donna   Holler   Agent   | VI. OPERATOR CERTIFIC  | CATE OF                     | FCOME                            | LIAN           | CE            |   | \!\                       | OFF: :   | <b>ATION</b> : =:                            |              |             |  |
| Signature Printed Name 1/12/93  Signature 1/12/93  Date Approved  Date Approved  Date Approved  Date Approved  Date Approved  By ORIGINAL SIGNED BY SERRY SEXTON  BYSTRICY I SUPERVISOR  Title  Title  Title  Title  Title   | I hereby certify that the rules and regu   | lations of the              | Oil Conser                       | vation         |               |   | OIL CONSERVATION DIVISION |          |  |              |             |  |
| Signature DOnna Holler  Printed Name 1/12/93  (505) 393-2727  By ORIGINAL SIGNED BY GERRY SEXTON  BY ORIGINAL SIGNED BY GERRY SEXTON  Title  Title  Title  Title   |  |                             |                                  | en above       |               |   | A                         |          | JAN 2  | 9 199        | 3           |  |
| Signature  | •  | •                           |                                  |                |               | Date  | Approved                  | )        |  |              |             |  |
| Printed Name Title 1/12/93 (505) 393-2727 Title  | Signature  | •                           | <del> </del>                     |                |               | By_   | ORIGINAL                  | SIONED B | Y SERRY SEX                                  | TON          |             |  |
| 1/12/93 (505) 393-2727 IIII8   |  |                             |                                  |                |               |   |                           |          |  |              |             |  |
| Date Telephone No.   |  | ( 5                         |                                  | 3-272          |               | Title   | <del></del>               |          |  |              |             |  |
| The state of the s | Date   |                             | Tele                             | phone N        | o             | 1   |                           |          |  |              |             |  |

- · INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
  - 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
  - 2) All sections of this form must be filled out for allowable on new and recompleted wells.
  - 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
  - 4) Separate Form C-104 must be filed for each pool in multiply completed wells.