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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

RECEIVED BY AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OCT 25 1985

O. C. D.  
ARTESIA, OFFICE

I. Operator  
Kaneb Energy Company  
Address  
400 Wilco Building Midland, Texas 79701-4466  
Reason(s) for Filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change in Operator name from Kaneb Production Company to Kaneb Energy Company, effective November 1, 1985.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|   |               |  |  |           |
|---|---------------|--|--|-----------|
| Lease Name<br>Gann  | Well No.<br>2 | Pool Name, Including Formation<br>Caudill Devonian | Kind of Lease<br>State, Federal or Fee Fee | Lease No. |
| Location<br>Unit Letter E ; 2310 Feet From The North Line and 990 Feet From The West<br>Line of Section 9 Township 15-S Range 36-E , NMPM, Lea 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>JM Petroleum                     | Address (Give address to which approved copy of this form is to be sent)<br>Dallas, Texas 75201  |              |             |             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Warren Petroleum Company | Address (Give address to which approved copy of this form is to be sent)<br>2000 N. Tower, 1B 319, Plaza of the Americas,<br>P. O. Box 1589, Tulsa, Oklahoma 74102 |              |             |             |
| If well produces oil or liquids, give location of tanks.   | Unit<br>D  | Sec.<br>9    | Twp.<br>15S | Rge.<br>36E |
| Is gas actually connected?   |  | When         |             |             |
| Yes  |  | June 8, 1981 |             |             |

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

IV. 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, GR, 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      |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |

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-Bble.       | Water-Bble.                                   | Gas-MCF    |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bble. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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.

*Jesse D. Lousier*  
(Signature)

Division Production Manager  
(Title)

October 23, 1985  
(Date)

OIL CONSERVATION COMMISSION

FEB 12 1986

APPROVED \_\_\_\_\_ 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

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.

RECEIVED

OCT 28 1985

C.C.D.  
HOBBS OFFICE