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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 11 '66

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator  
Trebol Drilling Company

Address  
P. O. Box 3986, Odessa, Texas 79760

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:  
Re-completion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner  
Southern New Mexico Oil Corporation  
P. O. Box 1659, Midland, Texas

DESCRIPTION OF WELL AND LEASE

|   |               |   |                                    |
|---|---------------|---|------------------------------------|
| Southern California<br>Petroleum Federal  | Well No.<br>3 | Pool Name, Including Formation<br>Lusk Strawn | Kind of Lease<br>XXX Federal or XX |
| Location<br>Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West<br>Line of Section 29 , Township 19S Range 32E , NMPM, Lea County |               |   |                                    |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |                                |                    |
|---|--|--------------------------------|--------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>The Permian Corporation     | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 3119, Midland, Texas         |                                |                    |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent)<br>Phillips Building, Odessa, Texas 79760 |                                |                    |
| Well produces oil or liquids,<br>or location of tanks. LACT   | Unit F Sec. 29 Twp. 19S Rge. 32E   | Is gas actually connected? Yes | When At completion |

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. |
| Spudded                            | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |              |
| Producing                          | 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 | Casing Pressure       | 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.

Walter C. Lockett  
(Signature)  
Drilling and Production Superintendent  
(Title)

August 26, 1966  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE SUPERVISOR DISTRICT

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 Sections I, II, III, and VI only 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.

|                           |            |
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| FILE                      |            |
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| LAND OFFICE               |            |
| TRANSPORTER               | OIL<br>GAS |
| PRORATION OFFICE          |            |
| OPERATOR                  |            |

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

|  |                      |                         |                                      |  |                         |                      |  |
|--|----------------------|-------------------------|--------------------------------------|--|-------------------------|----------------------|--|
| Company or Operator<br><b>Southern New Mexico Oil Corporation</b>  |                      |                         |                                      | Lease<br><b>So. Calif. Sta. Fed.</b>   |                         | Well No.<br><b>3</b> |  |
| Unit Letter<br><b>K</b>  | Section<br><b>29</b> | Township<br><b>19-S</b> | Range<br><b>32-E</b>                 | County<br><b>Lea</b>   |                         |                      |  |
| Pool<br><b>Lusk Strawn</b>   |                      |                         |                                      | Kind of Lease (State, Fed, Fee)<br><b>Fed.</b>   |                         |                      |  |
| If well produces oil or condensate<br>give location of tanks   |                      |                         | Unit Letter<br><b>G</b>              | Section<br><b>29</b>   | Township<br><b>19-S</b> | Range<br><b>32-E</b> |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><b>The Permian Corporation</b>         |                      |                         |                                      | Address (give address to which approved copy of this form is to be sent)<br><b>Box 3119 Midland, Texas</b>       |                         |                      |  |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                      |                         |                                      |  |                         |                      |  |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/><br><b>Phillips Petroleum Co.</b> |                      |                         | Date Con-<br>nected<br><b>2/1/64</b> | Address (give address to which approved copy of this form is to be sent)<br><b>Phillips Bldg., Odessa, Texas</b> |                         |                      |  |

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

- New Well ..... ☐ Change in Ownership ..... ☐  
Change in Transporter (check one) Other (explain below)  
Oil ..... ☐ Dry Gas ..... ☐  
Casing head gas . ☐ Condensate.. ☐ **Change in Pool Designation**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 13 day of May, 1964.

|                             |  |   |
|-----------------------------|--|---|
| OIL CONSERVATION COMMISSION |  | By  |
| Approved by                 |  | <b>O.H. Crews</b>                                     |
| Title                       |  | <b>Agent</b>  |
|                             |  | Company<br><b>Southern New Mexico Oil Corporation</b> |
| Date                        |  | Address<br><b>P. O. Box 1659, Midland, Texas</b>      |

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| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

EW MEXICO OIL CONSERVATION COMMISSIC  
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<br>El Paso Products Company                    |   |                                     |
| Address<br>P. O. Box 3986, Odessa, Texas 79760          |   |                                     |
| 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 type="checkbox"/>            | Dry Gas <input type="checkbox"/>    |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner Trebol Drilling Company, P. O. Box 3986, Odessa, Texas 79760

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |   |           |
|--|---------------|---|---|-----------|
| Lease Name<br>Southern California Fed.   | Well No.<br>3 | Pool Name, Including Formation<br>Lusk - Strawn | Kind of Lease<br><del>State</del> Federal <input checked="" type="checkbox"/> | Lease No. |
| Location<br>Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u><br>Line of Section <u>29</u> Township <u>19-S</u> Range <u>32-E</u> , NMPM, <u>Lea</u> 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"/>         | Address (Give address to which approved copy of this form is to be sent)<br>Box 3119, Midland, Texas 79701                                  |             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>Phillips Petroleum Company, Phillips Bldg., Odessa, Texas 79760 |             |
| If well produces oil or liquids, give location of tanks.   | Unit<br>F   | Sec.<br>29  |
|  | Tw.<br>19S  | Rge.<br>32E |
|  | Is gas actually connected? Yes  |             |
|  | When<br>At Completion   |             |

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

V. 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      |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |
|                                      |                             |          |                 |          |        |                   |             |              |

VI. 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            |

I. 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.

Horace L. Conger  
(Signature)  
Horace L. Conger - Production Foreman  
(Title)  
January 1, 1971  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 5 1971, 19  
BY [Signature]  
TITLE MANAGER

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.

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JAN 1971

OL O. DIVISION COMM.  
L. 102 R. 1.