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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. 11 86

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

| | |
|---|---|
| Trebol Drilling Company | |
| 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 on <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> |

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 | |
| Well Name | Well No. |
| Lusk Deep Unit | 10 Lusk Strawn |
| Kind of Lease | XXX Federal XXXX |
| Unit Letter | Feet From The |
| F 1650 | North 1673 West |
| Line of Section | Township |
| 19 19S | 32E Lea County |

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| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate | Address (Give address to which approved copy of this form is to be sent) |
| The Permian Corporation | P. O. Box 3119, Midland, Texas 79704 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Petroleum Company | Phillips Building, Odessa, Texas 79760 |
| If well produces oil or liquid give location of tanks. | Unit Sec. Twp. Rge. |
| LACT B 19 19S 32E | Is gas actually connected? When |
| Yes | At completion |

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

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|--------------------------------------|---|
| 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. |
| Pool | Name of Producing Formation Top Oil/Dry Day Tubing Depth |
| Perforations | Depth Casing Shoe |
| TUBING, CASING, AND CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE DEPTH SET SACKS CEMENT |

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| 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 Brls. Condensate/MMCF Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure Casing Pressure Choke Size |

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| CERTIFICATE OF COMPLIANCE | |
| OIL CONSERVATION COMMISSION | |
| APPROVED SEP 19 86 | |
| By Joe E. Lockett | |
| 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 to be 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. | |
| Drilling and Production Superintendent | |
| August 26, 1966 | |