JIL CUNSERVATION COMMISSION ANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-10¢ and C ILE Effective 1-1-65 AND .s.g.s. HORIZATION TO TRANSPORT OIL AND ATURAL GAS AND OFFICE TRANSPORTER GA5 OPERATOR PRORATION OFFICE Cperator TEXACO Inc. Address Box 728, Hobbs, New Mexico 88240 Other (Please explain) Change Operator 4 Lease Name: Eff. 10-1-77 Formarly: State AN # 11 Reason(s) for filing New Well Recompletion Dry Gas Change in Ownersh Condensate Operated By: Getty Oil Co. If change of ownership give name Getty Oil Co., P.O. Box 1231, Midland, Texas and address of previous owner Getty Oil Co., P.O. Box 1231, Midland, Texas II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Lease No 123 Vacuum Grayburg San Andre -7653 Feet From The North Line and Line of Section Township Range 18-5 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Co. Texas Sec. If well produces oil or liquids, give location of tanks. 18-5 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Same Resty. Diff. Rest Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top O!!/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bhis. Water - Bbls. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (pitat, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

APPROVED

BY.

TITLE

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) (Title)

(Date)

This form is to be filed in compliance with RULE 1104.

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OIL CONSERVATION COMMISSION 14/

County

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 silow spie 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