REQUEST FOR ALLOWABLE Supersedes Old C-104 and C Effective 1-1-65 ILE AND .s.g.s. THORIZATION TO TRANSPORT OIL AND MATURAL GAS AND OFFICE 0:1 TRANSPORTER OPERATOR PRORATION OFFICE IEXACO Inc. Address Box 728, Hobbs, New Mexico 88240 Other (Please explain) Change Operator & Lease Name: Eff. 10-1-77 New Well Recompletion OII Dry Gas State 'BA' #3 Formerly. Change in Owner Casinghead Gas Condensate Operated By: Getty Oil Co. If change of ownership give name and address of previous owner ____ Getty Oil Co., P.O. Box 1231, Midland, Texas 79702 II. DESCRIPTION OF WELL AND LEASE | Well No. Pool Name, Including Formation Legse No. State, Federal or Fee Vacuum Grayburg Son Andr B-1565 North Line and 660 Unit Letter Feet From The Feet From The Line of Section Township Range , NMPM, 34-E County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS ansporter of Oil 💢 Address (Give address to which approved copy of this form is to be sent) New Mexico Midland, Texas h approved copy of this form is Texas If well produces oil or liquids, 36 give location of tanks. 17-5 34-E 10-1-77 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Oil Well Ggs Well New Well Deepen Plug Back Same Res'v. Diff. Res 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 Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET 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 allow able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Oil-Bbis. Water-Bble. Gas-MCF Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitos, back pr.) VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 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.

john Runyan

(Signature)

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

Asst. Dist. Supt. (Tale) 9-28-17

(Date)

If this is a request for allowable for a newly drilled or despense 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 allow able on new and recompleted wells.

TITLE .

Fitl 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