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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
En , Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |   |                              |
|--|---|------------------------------|
| Operator<br>✓ V-F Petroleum Inc.   |   | Well API No.<br>30-025-02830 |
| Address<br>One Marienfeld Place, Suite 580 Midland, Texas 79701  |   |                              |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)                                    |   |                              |
| New Well <input type="checkbox"/>  | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | Effective date: 1/1/90       |
| Recompletion <input type="checkbox"/>  |   |                              |
| Change in Operator <input checked="" type="checkbox"/>   |   |                              |
| If change of operator give name and address of previous operator<br>Marathon Oil Company P.O. Box 552 Midland, Texas 79701 |   |                              |

### II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                     |
|--|---------------|---|--|---------------------|
| Lease Name<br>Staplin State AC 2 COM   | Well No.<br>1 | Pool Name, Including Formation<br>Vacuum Abo, North | Kind of Lease<br>State, Federal or Fee | Lease No.<br>695510 |
| Location<br>Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line<br>Section 19 Township 17 Range 35 , 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>Mobil Pipe Line Company                 | Address (Give address to which approved copy of this form is to be sent)<br>P. O. Box 900 Dallas, Texas 75221  |            |            |            |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips 66 Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>GPM Gas Corporation, effective February 1, 1992<br>Gas Systems & Plants Section; 1040 Plaza Office Building<br>Bartlesville, 74004 |            |            |            |
| If well produces oil or liquids, give location of tanks.  | Unit<br>F  | Sec.<br>19 | Twp.<br>17 | Rge.<br>35 |
| Is gas actually connected?  |  | When ?     |            |            |
| yes   |  | 12/71      |            |            |

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 Tank | 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 (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Karen M. Cajacob  
Karen M. Cajacob Petroleum Engineer  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date 1/1/90 Telephone No. 915/683-3344

OIL CONSERVATION DIVISION  
JAN 25 1990

Date Approved \_\_\_\_\_  
By \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.