

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

APR 20 11 49 AM '65

|                   |     |
|-------------------|-----|
| NAME OF WELL      |     |
| DISTRIBUTION      |     |
| DATE              |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
|                   | GAS |
| OPERATOR          |     |
| PRODUCTION OFFICE |     |

WELL NO. 104, POOL NAME, INCLUDING FORMATION, 104

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|             |     |                           |  |
|-------------|-----|---------------------------|--|
| WELL NO.    | 104 | Change in Transporter of: |  |
| LAND OFFICE |     | OIL                       |  |
| TRANSPORTER |     | Casinghead Gas            |  |
|             |     | Dry Gas                   |  |
|             |     | Condensate                |  |

If change of ownership, give name and address of previous owner

1. LOCATION OF WELL AND POOL

|             |     |                                |                         |               |                 |
|-------------|-----|--------------------------------|-------------------------|---------------|-----------------|
| WELL NO.    | 104 | Pool Name, Including Formation | Undesignated (Wolfcamp) | Kind of Lease | State, Oklahoma |
| Location    |     |                                |                         |               |                 |
| Unit Letter | D   | Feet From The                  | North                   | Line and      | 2120            |
|             |     | Feet From The                  | East                    |               |                 |
| Section     | 25  | Township                       | 17 S                    | Range         | 34 E            |
|             |     |                                |                         | NMPM          | Loc             |
|             |     |                                |                         |               | County          |

2. TRANSPORTER OF OIL AND NATURAL GAS

|                                                          |                            |                                                                          |                              |
|----------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|------------------------------|
| Name of Approved Transporter of Oil                      | Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) | P. O. Box 900, Dallas, Texas |
| Name of Approved Transporter of Casinghead Gas           | Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) | Box 2105, Hobbs, New Mexico  |
| Is well producing oil or liquids, other than condensate? | Yes                        | Is gas actually connected?                                               | Yes                          |
| Unit                                                     | 104                        | Sec.                                                                     | 26                           |
| Twp.                                                     | 17S                        | R.                                                                       | 34E                          |
| When                                                     | 7/15/65                    |                                                                          |                              |

If this production is commingled with that from any other lease or pool, give commingling order number: PC-100

3. TUBING, CASING, AND CEMENTING RECORD

| Designation                          | Type of Completion - (V) | Oil Well            | Gas Well     | New Well     | Workover | Deepen   | Plug Back | Same Res'v. | Diff. Res'v. |
|--------------------------------------|--------------------------|---------------------|--------------|--------------|----------|----------|-----------|-------------|--------------|
| 104                                  |                          |                     |              | X            |          |          |           |             |              |
| Date Completed                       | 7/15/65                  | Date Ready to Prod. | 7/15/65      | Total Depth  | 10,200'  | P.B.T.D. | 10,193'   |             |              |
| Name of Producing Formation          | Wolfcamp                 | Top Oil/Gas Pay     | 9,784'       | Tubing Depth | 10,166'  |          |           |             |              |
| Depth Casing Shoe                    | 10,200'                  |                     |              |              |          |          |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                          |                     |              |              |          |          |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE     | DEPTH SET           | SACKS CEMENT |              |          |          |           |             |              |
| 13 3/8"                              | 13 3/8"                  | 365'                | 300          |              |          |          |           |             |              |
| 9 5/8"                               | 9 5/8"                   | 5,000'              | 5,125        |              |          |          |           |             |              |
| 7"                                   | 7"                       | 10,200'             | 1,375        |              |          |          |           |             |              |

4. 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) |                 |                       |                     |
| Producing Method (Flow, pump, gas lift, etc.)                                                                                                 | Flow            | Casing Pressure       | Choke Size          |
| 22/64"                                                                                                                                        |                 |                       |                     |
| Water-Bols.                                                                                                                                   | 42              | Gas-MCF               | 248                 |
| Length of Test                                                                                                                                | 24              | Bb.s. Condensate/MMCF | Grav. of Condensate |
| 24                                                                                                                                            |                 |                       |                     |
| Tubing Pressure                                                                                                                               | Casing Pressure | Choke Size            |                     |
| 24                                                                                                                                            |                 |                       |                     |

5. CERTIFICATION 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. | APPROVED _____, 19 _____ |
| BY _____                                                                                                                                                                                                     |                          |
| 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 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.                                                                                                                                |                          |