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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

| | |
|---|---|
| Operator Vernon E. Faulconer | |
| Address 1100 Peoples National Bank Bldg. Tyler, Texas 75702 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of ownership give name and address of previous owner Freeport Oil Company P.O. Box 3038 - Midland, Texas 79702 | |

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name Mattie Price | Well No. 1 | Pool Name, including Formation West Garrett (Devonian) | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East Line of Section 6 Township 17S Range 38E , NMPM, Lea County | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|-----------|-------------|-------------|----------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Texas New Mexico Pipeline | Box 1027, Lovington, N.M. 88260 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| None | None | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 6 | Twp. 17S | Rge. 38E | Is gas actually connected? No | When |

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

V. COMPLETION DATA

| | | | | | | | | |
|--|--|----------------------------|------------------------------|--------------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well X | Gas Well | New Well X | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded February 9, 1970 | Date Compl. Ready to Prod. April 18, 1970 | Total Depth 12,696' | P.B.T.D. None | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3726' GL | Name of Producing Formation Devonian | Top Oil/Gas Pay 12,680' | Tubing Depth 12,671' | | | | | |
| Perforations None (Open Hole 12,683' - 12,696') | | | Depth Casing Shoe 12,683' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| 17-1/2" | 12-3/4" | 420' | | 400 | | | | |
| 11" | 8-5/8" | 5,185' | | 500 | | | | |
| 7-7/8" | 5-1/2" | 12,683' | | 750 | | | | |

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

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.

Vernon E. Faulconer
(Signature)
Operator
(Title)
11-1-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19 1979
BY [Signature]
TITLE [Signature]

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 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 completed wells.