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REQUEST FOR ALLOWABLE
AND

NO. OF COPIES TRANSMITTED		
TRANSMISSION TIME		
COUNTRY		
FILE		
VOLUME		
LAND OFFICE		
TELEPHONE NO. 034		
OPERATOR		
SIGNATURE OFFICE		

Address	
P. O. BOX 3901, MIDLAND, TEXAS 79702	
Reason(s) for filing (Check proper box)	Other (If lease explain)
New Well ☒	1000 bbls. testing allowable requested
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of:	
Oil ☐	Dry Gas ☐
Gas ☐	Condensate ☐

1. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Government "E"	7	Pearl (Bone Spring)	State, Federal, or Free	Federal NM-086
Location				
Unit Letter	C	660	Feet From The North	Line and 1980
			Feet From The West	
Line of Section	25	To ship	19S	Range 34E
				Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Gas: ☒ or Compressor: ☐		Address (the address to which approved copy of this form is to be sent):		
Clayco, Inc.		200 Blanks Building, Midland, Texas 79702		
Name of Authorized Transporter of Gas, if not Gas: ☐ or Dry Gas: ☐		Address (the address to which approved copy of this form is to be sent):		
Vented - Negotiating Contract		-		
If well produces oil or liquids, give volume of flows.	Unit	Size	Age	Is gas actually produced? When
	C	25	19S 34E	

If this production is commingled with that from any other source or pool, give common selling order numbers.

COPIES: 1000 DATA

[illegible]

025 93112

Test Method (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)	Test Method (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)	Test Method (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)	Test Method (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)
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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.

APPROVED: _____, 19____

BY _____ ORIGINAL SIGNED BY _____

TITLE CONTRACT 1 SUPR.

This form is to be filed in compliance with Rule 1005.

If this is a request for Allowable for a newly drilled or deep well, the statement must be accompanied by a tabulation of the data in accordance with RULE III.

and the following conditions:

PRODUCTION SUPERINTENDENT

G. E. TATE