Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Address 4006 Beltline Road, Suite 290, Dallas, Texas 75244 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Change of Well Name | |
|---|-------------|
| Reason(s) for Filing (Check proper box) Other (Please explain) | |
| Recompletion | |
| f change of operator give name and address of previous operator | |
| I. DESCRIPTION OF WELL AND LEASE | |
| Lesse Name Anschutz Arco Well No. Pool Name, Including Formation Kind of Lesse South Knowles (Devonian) State, Federal of Fee | Lease No. |
| Location | |
| Unit Letter K 1980 Feet From The South Line and 1980 Feet From The West | Line |
| Section 18 Township 17S Range 39E , NMPM, Lea | County |
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be | tent) |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be | seni) |
| If well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When? | |
| this production is commingled with that from any other lease or pool, give commingling order number: | |
| V. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v | Diff Res'v |
| 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 | |
| Thomas Department of the Control of | |
| Depth Casing Shoe | |
| TUBING, CASING AND CEMENTING RECORD | AFAIT |
| HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEI | MEN! |
| | |
| | |
| 7. TEST DATA AND REQUEST FOR ALLOWABLE DIL 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 hi | ners.) |
| 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 | |
| Cesting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size | |
| | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE I bereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is lowered complete to the host of my branched many halife. OIL CONSERVATION DIVISI JUL 2 1 1993 | ON |
| Date Approved | |
| Orig. Signed by Paul Kautz Coolories | |
| Jan A. DeVault agent Geologist | |
| 14 July 1993 (915) 694–6059 | |

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.