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| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                     |                                                                             |                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| I. OPERATOR<br><b>Gulf Oil Corporation</b>                                                                          |                                                                             |                                                                                                     |
| Address<br><b>P. O. Box 670, Hobbs, New Mexico</b>                                                                  |                                                                             |                                                                                                     |
| Reason(s) for filing (Check proper box)                                                                             |                                                                             | Other (Please explain)                                                                              |
| New Well <input type="checkbox"/>                                                                                   | Change in Transporter of:                                                   | <b>Change in lease name &amp; well number effective 7-1-65.<br/>Was Mobil's E. O. Carson No. 12</b> |
| Recompletion <input type="checkbox"/>                                                                               | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |                                                                                                     |
| Change in Ownership <input type="checkbox"/>                                                                        | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                                                                                                     |
| If change of ownership give name and address of previous owner<br><b>Mobil Oil Co., Box 1800, Hobbs, New Mexico</b> |                                                                             |                                                                                                     |

|                                            |                                                                                      |                                                   |
|--------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|
| II. DESCRIPTION OF WELL AND LEASE          |                                                                                      |                                                   |
| Lease Name<br><b>Central Drinkard Unit</b> | Well No.<br><b>124</b>                                                               | Pool Name, including Formation<br><b>Drinkard</b> |
| Location                                   |                                                                                      | Kind of Lease<br>State, Federal or Fee <b>Fee</b> |
| Unit Letter <b>N</b>                       | <b>589</b> Feet From The <b>South</b> Line and <b>1909</b> Feet From The <b>West</b> |                                                   |
| Line of Section <b>28</b>                  | Township <b>21S</b> Range <b>37E</b> NMPM, <b>Loa</b> 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"/>         |               | Address (Give address to which approved copy of this form is to be sent) |                                 |                                                           |
| <b>Shell Oil Corporation</b>                                                                                             |               | <b>Box 1970, Midland, Texas</b>                                          |                                 |                                                           |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> |               | Address (Give address to which approved copy of this form is to be sent) |                                 |                                                           |
| <b>Warren Petroleum Corporation</b>                                                                                      |               | <b>Box 1589, Tulsa, Oklahoma</b>                                         |                                 |                                                           |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit <b>K</b> | Sec. <b>28</b>                                                           | Twp. <b>21S</b> Rge. <b>37E</b> | Is gas actually connected? <b>Yes</b> When <b>Unknown</b> |

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> |
| Date Spudded                         | Date Compl. Ready to Prod.                                                                                                                                                                                                                                                            |
| Pool                                 | Name of Producing Formation                                                                                                                                                                                                                                                           |
| Perforations                         | Top Oil/Gas Pay                                                                                                                                                                                                                                                                       |
| TUBING, CASING, AND CEMENTING RECORD |                                                                                                                                                                                                                                                                                       |
| HOLE SIZE                            | CASING & TUBING SIZE                                                                                                                                                                                                                                                                  |
| DEPTH SET                            |                                                                                                                                                                                                                                                                                       |
| SACKS CEMENT                         |                                                                                                                                                                                                                                                                                       |

|                                                 |                                               |
|-------------------------------------------------|-----------------------------------------------|
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL |                                               |
| Date First New Oil Run To Tanks                 | Date of Test                                  |
| Length of Test                                  | Producing Method (Flow, pump, gas lift, etc.) |
| Actual Prod. During Test                        | Tubing Pressure                               |
|                                                 | Casing Pressure                               |
|                                                 | Choke Size                                    |
|                                                 | Water - Bbls.                                 |
|                                                 | Gas - MCF                                     |

|                                  |                 |
|----------------------------------|-----------------|
| GAS WELL                         |                 |
| Actual Prod. Test-MCF/D          | Length of Test  |
| Testing Method (pitot, back pr.) | Tubing Pressure |
|                                  | Casing Pressure |
|                                  | Choke Size      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| VI. CERTIFICATE OF COMPLIANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| OIL CONSERVATION COMMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| APPROVED <b>June 28 30</b> , 19 <b>65</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| BY <b>Joe W. [Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| TITLE <b>Supervisor, District #1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>CD [Signature]</b><br>(Signature)<br><b>Area Production Manager</b><br>(Title)<br><b>June 17, 1965</b><br>(Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| This form is to be filed in compliance with RULE 1104.<br>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.<br>All sections of this form must be filled out completely for allowable on new and recompleted wells.<br>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.<br>Separate Forms C-104 must be filed for each pool in multiply completed wells. |  |