

AUTHORIZATION FOR PRODUCTION OF OIL AND NATURAL GAS

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

| | |
|---|---|
| Operator Pogo Producing Company | |
| Address P.O. Box 10340, Midland, Texas 79702 | |
| 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: Kaiser-Francis Oil Co., P.O. Box 535528, Tulsa, OK 74153

| | | |
|----------------------------------|--|---|
| 1. DESCRIPTION OF WELL AND LEASE | | Lease No. |
| Lease Name State L | Well No. 1 Pool Name, including Formation Wilson-Yates Seven Rivers | Kind of Lease State, Federal or Fee State E 2385 |
| Location | | |
| Unit Letter E | 1650 Feet From The North Line and 330 Feet From The West | |
| Line of Section 25 | Township 21-S Range 34-E | NMPM, Lea County |

| | | | |
|--|--|--|-------------------|
| 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | | | |
| 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) | | |
| Phillips Petroleum Company | 4001 Penbrook St, Odessa, TX 79762 | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 25 | Twp. 21S Rge. 34E |
| | Is gas actually connected? Yes | | When N.A. |

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

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|----------|-------------------|----------|--------------|-----------|------------|-------------|
| 2. COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Some Rest. | Diff. Rest. |
| Designate Type of Completion - (X) | | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | Tubing Depth | | | | | |
| Perforations | | | | Depth Casing Shoe | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | | | SACKS CEMENT | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |


3. 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 | | Bbls. Condensate/MMCF | Gravity of Condensate |
| Actual Prod. Test-MCF/D | Length of Test | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shot-in) | Casing Pressure (Shot-in) | Choke Size |

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.

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|  |
| Production Superintendent |
| (Signature) |
| 9 - 9 - 83 |
| (Date) |

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|-----------------------------|---------------------------------|
| OIL CONSERVATION COMMISSION | |
| APPROVED | SEP 23 1983 |
| BY | ORIGINAL SIGNED BY JERRY SEXTON |
| TITLE | DISTRICT I SUPERVISOR |

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 filled for each pool in multiply completed wells.

RECEIVED
SEP 21 1983
O.C.D.
HOBBS OFFICE

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