New Well XXXXXXXX

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when oil is delivered into the stock tanks. Gas must be reported on 15,025 psia at 60° Fabrenheit

| A D F 1                                   | HERERV R      | FOUESTIN                                | NG AN ALLOWABLE                                 | (Place)                                      | Mexico Mar                           | (Date)         |  |
|---|---------------|---|---|--|--------------------------------------|----------------|--|
|   |               |   |   |  | 2 in SW                              | v <b>SE</b> 1/ |  |
| / Cc                                      | impany or Op  | perator)                                | (L  | ease)  |                                      |                |  |
| 0   | Sec           | 36                                      | , T. 21S , R 3                                  | 5E , NMPM.,                                  | Jalma1                               | Poc            |  |
| (Unit                                     |               |   |   |  |                                      |                |  |
|   | se indicate   |   | County. Date Spudd                              | ed February 2,                               | 1956e Completed Fel                  | ruary 29, 1    |  |
|   |               |   | Flamation 3                                     | .578 DF T D                                  | .t 4.000 ni                          | o              |  |
|   |               |   |   | Elevation. 3,578 DF. Total Depth. 4,000 P.B. |                                      |                |  |
|   |               |   | Top oil/gas pay3.762 Name of Prod. Form. Yates  |  |                                      |                |  |
|   |               |   | Casing Perforations: 3,762-66, 3772-92, 3820-30 |  |                                      |                |  |
|   |               |   | Depth to Casing shoe of Prod. String            |  |                                      |                |  |
|   | +-            |   | Natural Prod. Te                                | st   |                                      | ВОРГ           |  |
|   | 0             |   | based on  | bbls. Oil in                                 | Hrs                                  | Mins           |  |
| •••••                                     | ···           | ••••••••••••••••••••••••••••••••••••••• | Test after acid or                              | r shot4                                      | 5                                    | BOPI           |  |
| Casing and Comenting Record Size Feet Sax |               |   | Based on 45                                     | bbls. Oil in                                 | <b>24</b> Hrs                        | Mins           |  |
| 5/8                                       | 301           | 250                                     | Gas Well Potent                                 | ial  |                                      |                |  |
| 1/2                                       | 3999          | 350                                     | Size choke in inc                               | thes 1                                       |                                      |                |  |
|   |               |   | Date first oil run                              | to tanks or gas to Tran                      | smission system: Feb.                | 29, 1956       |  |
|   |               |   | Transporter takir                               | ng Oil or Gas: <b>Texas</b>                  | -New Mexico Pir                      | e Line Co.     |  |
| norks:                                    | J <sub></sub> |   |   |  |                                      |                |  |
| narks:                                    |               | ••••••                                  |   |  |                                      |                |  |
|   |               |   |   |  |                                      |                |  |
| I hereb                                   | y certify th  | at the infort                           | mation given above is                           | true and complete to the                     | ne best of my knowledge.             |                |  |
| oroved                                    |               | ·····                                   | , 19  |  | Ben Hogan                            |                |  |
| OI  | k Çonser      | RVATION &                               | COMMISSION                                      | Ву:  | (Company of Operator)                | ance           |  |
| 1   | 1 h           | $\rightarrow$                           |   |  | (Signature)                          |                |  |
|   | · . /V        |   | edle  | Title Age<br>Send (                          | <b>nt</b><br>Communications regardin | g well to:     |  |
| e   |               |   | · · · · · · · · · · · · · · · · · · ·           | NameBen                                      | Hogan                                |                |  |
|   |               |   |   | Address Box                                  | 2686, Midland,                       | Texas          |  |