

|                   |     |
|-------------------|-----|
| DISTRIBUTION      |     |
| SANTA FE          |     |
| FILE              |     |
| U.S.G.S.          |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
|                   | GAS |
| OPERATOR          |     |
| PRODUCTION OFFICE |     |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-101 and C-11  
Effective 1-1-83

|                                                                                        |                                                                        |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Operator<br><u>Cities Service Oil &amp; Gas Corporation</u>                            |                                                                        |
| Address<br><u>P.O. Box 1919 - Midland, Texas 79702</u>                                 |                                                                        |
| Reason(s) for filing (Check proper box)                                                | Other (Please explain)                                                 |
| New Well <input type="checkbox"/>                                                      | <u>Change of Operator's Name</u><br><u>is effective April 1, 1983.</u> |
| Recompletion <input type="checkbox"/>                                                  |                                                                        |
| Change in Ownership <input checked="" type="checkbox"/>                                |                                                                        |
| Change in Transporter of:<br>Oil <input type="checkbox"/> Gas <input type="checkbox"/> |                                                                        |

If change of ownership give name and address of previous owner Cities Service Company - P.O. Box 1919 - Midland, Texas 79702

|                                                                                                                        |                      |                                                             |                                                      |                            |
|------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------|------------------------------------------------------|----------------------------|
| DESCRIPTION OF WELL AND LEASE                                                                                          |                      |                                                             |                                                      |                            |
| Lease Name<br><u>STAT. S</u>                                                                                           | Well No.<br><u>2</u> | Pool Name, including Formation<br><u>TUBB OIL &amp; GAS</u> | Kind of Lease<br>State, Federal or Fed. <u>STAT.</u> | Lease No.<br><u>B-1481</u> |
| Location<br>Unit Letter <u>F</u> <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> |                      |                                                             |                                                      |                            |
| Line of Section <u>15</u> Township <u>21S</u> Range <u>37E</u> NMPM, <u>LEA</u> County                                 |                      |                                                             |                                                      |                            |

|                                                                                                                                                      |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS                                                                                                    |                                                                                                                  |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><u>TEXAS-NEW MEXICO PIPELINE</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>Box 2528 - Hobbs NM 88240</u>     |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>GETTY OIL CO.</u>     | Address (Give address to which approved copy of this form is to be sent)<br><u>Box 1137 - Clovis NM 88231</u>    |
| If well produces oil or liquids, give location of tanks.                                                                                             | Unit <u>E</u> Sec. <u>15</u> Twp. <u>21S</u> Rge. <u>37E</u> Is gas actually connected? <u>YES</u> When <u>—</u> |

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

|                                    |                                                                                                                                                                                                                                                                                       |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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"/> Surrest'v. <input type="checkbox"/> Part. Rest'v. <input type="checkbox"/> |
| Date Spudded                       | Date Compl. Ready to Prod.                                                                                                                                                                                                                                                            |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation                                                                                                                                                                                                                                                           |
| Perforations                       | Top Oil/Gas Pay                                                                                                                                                                                                                                                                       |
|                                    | Tubing Depth                                                                                                                                                                                                                                                                          |
|                                    | Depth Casing Shoe                                                                                                                                                                                                                                                                     |

|                                      |                      |           |              |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD |                      |           |              |
| HOLE SIZE                            | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| 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 (flow, back pr.) | Tubing Pressure (shut-in) |
|                                 | Casing Pressure (shut-in) |
|                                 | Choke Size                |

|                                                                                                                                                                                                              |                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE OF COMPLIANCE                                                                                                                                                                                    | OIL CONSERVATION COMMISSION                                                                                                                                                                 |
| 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. | APPROVED <u>APR 8 1983</u> , 19____                                                                                                                                                         |
| <u>Elmer Stutz</u><br>(Signature)<br><u>Region Operations Manager</u><br>(Title)<br><u>March 14, 1983</u><br>(Date)                                                                                          | DY _____                                                                                                                                                                                    |
|                                                                                                                                                                                                              | TITLE _____                                                                                                                                                                                 |
|                                                                                                                                                                                                              | 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 deviated 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 re-completed 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.                                                     |

RECEIVED

MAR 28 1983

O.C.D.  
HOBBS OFFICE