| Submit 5 Copies | |
|-----------------------------|-------|
| Appropriate District Office | |
| DISTRICT | |
| P.O. Box 1980 Hobbe NM | 11240 |

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DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

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

| State of New Mexico | |
|-------------------------------------|-----------|
| y, Minerals and Natural Resources I | Departmen |

Form C-104 Revised 1-1-89

See Instructions

at Bottom of Page

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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| P&P PRODUCING, | INC. | Well API №. 30-025-06663 |
|---|--|-----------------------------|
| Address P. O. BOX 3178 | , MIDLAND, TEXAS 79702-3178 | L |
| Reason(s) for Filing (Check proper bax) New Well Recompletion | Change in Transporter of: Oil Dry Gas | |
| Change in Operator XX | Casinghead Gas Condensate DEFT 1. / / | Ø3 |
| f change of operator give name and address of previous operator | GRAHAM ROYALTY, LTD., P.O. BOX 44 | 495, HOUSTON, TEXAS 77210 |

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lesse | Lesse No. |
|------------------------|----------|--------------------------------|----------------------|-----------|
| STATE DC | 1 | PADDOCK | Sute, Foderal or Fee | B-1040 |
| Location | | | | |
| Unit LetterF : | 1980 | Feet From The Line and | 1876. Freet From The | Line |
| 19 Section Township | 21S | 37E Range . NMPM. | LEA | Country |
| Jocdog township | | vrage 100105 | ****** | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

E

| Name of Authorized Transporter of Oil | Жx | or Conden | | | Address (Give address to which a | pproved copy of this form is to be sent) |
|---|---------|-----------|-------|-------|----------------------------------|--|
| TEXAS NEW MEX | ICQ. DI | PE LIN | IE , | | BOX 60028, S | AN ANGELO, TX 76906 |
| Name of Authonized Transporter of Casinghead Gas or Dry Gas in Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| TEXACO EXPLOR. | ATION | & PROL | DUCIN | G INC | BOX 3000, TU | LSA, OK 74102 |
| If well produces oil or liquids, | Unit | Sec. | Twp | Rge. | Is gas actually connected? | When 7 |
| dve location of tanks. | F | 19 | 21 | 37 | YES | 12/18/62 |
| If this production is commingled with that from any other lease or pool, give commingling order number: $DHC R-6393$ | | | | | | |

IV. COMPLETION DATA

Dute

| Designate Type of Completion | - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | þift Res'v |
|--|----------|-----------------|-----------|-------------|-----------|--------|--------------|------------|------------|
| Date Spudded | Date Com | pl. Ready to Pr | rod. | Total Depth | 1 <u></u> | 4 | P.B.T.D. | £ | -4 |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | vation | Top Oil/Car | Pay | | Tubing Depth | | |
| Performions | | | | | | | Depth Casin | g Shoe | |
| |] | TUBING, C | ASING AND | CEMENTI | NG RECOR | D | <u>_!</u> | | |
| HOLE SIZE CASING & TUBING SIZE | | NG SIZE | | DEPTH SET | | | SACKS CEM | ENT | |
| | <u> </u> | | | | | | | | |
| | | | | | ····· | | | | |

V. 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)

| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
|--------------------------|-----------------|-----------------------|-----------------------|--|--|
| Actual Prod. During Test | ОЦ - Выя. | Water - Bbls. | Cas- MCF | | |
| GAS WELL | | | | | |
| Actual Prod Test + MCE/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |

| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
|-------------------------------------|---|---------------------------|-----------------------------------|
| I hereby certify that the rules and | FICATE OF COMPLIANCE regulations of the Oil Conservation and that the information given above my knowledge and belief. | | ERVATION DIVISION OCT 2.6 1993 |
| Similarry R. BORE | | - By one | NAL SIGNED BY JERRY SEXTON |
| Printed Name 9/23 19 | 93 (915)683-476 | | |

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.

Telephone No.

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.