NO. OF COPIES RECI	EIVED		
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LAND OFFICE			
TRANSPORTER	OIL		
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NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operato Mark Production Company 1108 Simons Building, Ballas, Texas 75201 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: \square Dry Gas 011 Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Ralph Estate State, Federal or Fee 2 D-K Abo Fee Location 1980 1980 Feet From The North Line and Feet From The Unit Letter Lea 39-E 30 20**-**S , NMPM, County Township Range Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 🔼 P. G. Box 1183, Houston, Texas 77001 The Fermian Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🔀 💮 or Dry Gas 🦳 P. C. Eom 1650, Tulsa, Oklahoma Skelly Oil Company Is gas actually connected? Twp. 200 Pge If well produces oil or liquids, give location of tanks. 30 39E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. New Well Workover Deepen Gas Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 7400 10-11-71 9-17-71 Tubing Depth Top Oil/Gas Pay vations (DF, RKB, RT, GR, etc.) Name of Producing Formation 7012 5494 ¹ 3549' GL Depth Casing Shoe Perforations 7012' - 7330' - 22 holes TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 1658 730 8-5/8 XXXXXX 12-1/4" 7400 4-1/2" 8-5/8" 390 V. TEST DATA AND REQUEST FOR ALLOWABLE
(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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Flowing 10-10-71 10-13-71 Choke Size Casing Pressure Length of Test Tubing Pressure 14/64 420 24 ars Water - Bbis. Gas - MCF Actual Prod. During Test Oil - Bbls. 119 115 bbls 115 **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED 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. BY. MUSOR DISTRICT I 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 deviation tests taken on the well in accordance with RULE 111. (Signature

Secretary (Title) October 15, 1971 (Date)

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 filed for each pool in multiply completed wells.

Kalli aj

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OIL CONSERVATION COMM. HOBBS, N. M.