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

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

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

I. Operator  
Cleary Petroleum Corporation  
Address  
P. O. Drawer 2358, Midland, Texas 79702  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
To correct gas purchaser shown on C-104 filed 11-10-77.  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE  
Lease Name New Mexico "E" Fed. Comm. Well No. 1 Pool Name, Including Formation S. Salt Lake Morrow Kind of Lease State, Federal or Fee Federal Lease No. NM-14791  
Location  
Unit Letter P ; 660 Feet From The East Line and 3300 Feet From The South  
Line of Section 5 Township 21-S Range 32-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian Corporation Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Tx. 77001  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Gas Company of New Mexico (split stream) Address (Give address to which approved copy of this form is to be sent) First International Bldg. Dallas, Tx. 75270  
El Paso Natural Gas Company P. O. Box 1492, El Paso, Tx. 79978  
If well produces oil or liquids, give location of tanks. Unit P Sec. 5 Twp. 21-S Rge. 32-E Is gas actually connected? Yes When Gas Co. 9-2-77 El Paso 6-6-78

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

V. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, 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

VI. 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  
Actual Prod. Test-MCF/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

VII. 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.  
Sully J. Knight  
District Production Manager  
6-28-78  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED JUN 30 1978, 19  
BY [Signature]  
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.  
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.