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| 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-110
Effective 1-1-65

| | |
|---|---|
| Operator James Norman Morris XXXXXXXXXXXX | |
| Address P. O. Box 781, Roswell, New Mexico 86201 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner **Oil Well Drilling Company, 2301 Fidelity Union Tower, Dallas, Texas**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------------|--------------------------|----------------------------|---|---|
| Lease Name Thomas Long | Lease No. 1 | Well No. 1 | Pool Name, Including Formation Drinkard | Kind of Lease State, Federal or Fee Fee |
| Location | | | | |
| Unit Letter N | 330 | Feet From The South | Line and 2310 | Feet From The West |
| Line of Section 11 | Township 22 South | Range 37 East | Lea | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|-----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 2099, Houston, Texas | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1650, Tulsa, Oklahoma | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 11 |
| | Twp. 22S | Rge. 37E |
| | Is gas actually connected? <input checked="" type="checkbox"/> When 1/66 | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|---------------------------------|-------------|------------------------------|-----------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded May 25, 1949 | Date Compl. Ready to Prod. July 19, 1949 | Total Depth 6487' | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3356 | Name of Producing Formation Drinkard | Top Oil/Gas Pay 6410' | | Tubing Depth 6471' | | | | |
| Perforations Open hole | | | | | Depth Casing Shoe 6402' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | 13 3/8 | | 280 | | 120 | | | |
| | 8 5/8 | | 2790 | | 1000 | | | |
| | 5 1/2 | | 6400 | | 600 | | | |
| | 2" | | 6471 | | | | | |

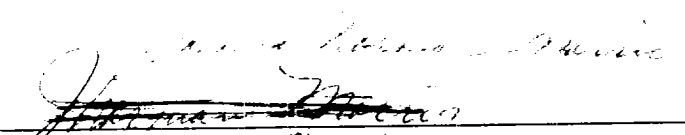
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | | |
|---------------------------------|-----------------|--|------------|
| Date First New Oil Run To 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 |

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |

VI. 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.


(Signature)
Operator
(Title)
August 8, 1966
(Date)

| | |
|--|--|
| OIL CONSERVATION COMMISSION | |
| APPROVED _____, 19____ | |
| BY _____ | |
| 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. | |