t orm (.70) Revised 1-1-89 Set Instructions at Bottoin of Page

JIL CONSERVATION DIVISION

| DISTRICT II P.O. Drawer DD, Anesia, NM 88210 | | Box 2088 Mexico 87504-2088 | |
|---|--|--|--|
| DISTRICT III 1000 Rlo Brazos Rd., Aziec, NM 87410 | REQUEST FOR ALLOW | ABLE AND AUTHORIZAT | ION · |
| I. Operator | TO THANSPORT C | JIL AND NATORAL GAO | well त्रान विह. |
| John H. Hendrix Cor Adda@3 W. Wall, Suite Midland, TX 79701 | | | 30-025-10284 |
| Reason(s) for Filling (Check proper box) Heiw Well | Change in Transporter of: | Other (Please explain) Effective 1/1 | 1/92 |
| Recompletion L. Change in Operator XXX. | Oil Diy Gan L Caringlicad Gan L Couldennate | | |
| If change of operator give name and address of previous operator | onoco Inc. Box 460, | Hobbs, NM 88240 | · · · · · · · · · · · · · · · · · · · |
| II. DESCRIPTION OF WELL LEAGE Name Elliott A-15 Com A/ | Well No.' Post Name, Inch | Juling Formation y Oil and Gas | Kind of Least ederal Lease No. |
| Location Unit LetterP | | South Line and 660 | Feet From The East Une |
| Section 15 Townshi | p 22-S Range 37 | E, NMFM, | Lea County |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Shell Pipeline Corp | or Condensate | 200 N. Lorraine | |
| Name of Authorized Transporter of Caring Phillips 66 Natural II well produces off or liquids, give location of tanks. | | Acklier (Give add est to which a) 400 Penbrook, Oc February 1002 | greved copy of this form is to be sent) lessa, TX 79762 When 7 |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease or pool, give control | ngling order number: | |
| Designate Type of Completion | Oil Well Gas Well | New Well Workover De | epen Flug Back Same Res'v Diff Res'v |
| Date Spidded | Date Compl. Ready to Prod. | ि विज्ञी छहारी | r.n.t.b. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Olligae Pay | Tuhing Depth |
| Perforations | | | Depth Casing Shoe |
| HOLE SIZE | TUDING, CASING AN CASING & TUBING SIZE | D CEMENTING RECORD DEPTH SET | SACKS CEMENT |
| | | | |
| V. TEST DATA AND REQUES OIL WELL GEST MUST be ofter to | T FOR ALLOWABLE scovery of total volume of lood oil and min | ut be equal to or exceed top allowable | for this depth or be for full 24 hours.) |
| Date First New Oll Run To Tank | Date of Test | Producing Method (Flow, pump, go. | s lip, etc.) |
| Length of Test | Tubing Pressure | Caring Presente | Choke Slze |
| Actual Frod. During Test | Oil - Bbls. | Water - Bblk | Use-MCF |
| GAS WELL Actual Prod. Text - MC19D | Length of Text | | Chavily of Condensate |
| esting Method (pitot, back pr.) | Tubling Pressure (Shut-in) | Caking Pressure (Shut-In) | Choke Size |
| VI. OPERATOR CERTIFICA Thereby certify that the rules and regular Division have been complied with and the | lions of the Off Conservation | 11 | RVATION DIVISION |
| is true and complete to the best of my knowledge and bellef. | | Date Approved JAN 17'92 | |
| Thorda Dunter | | Ung. Signed by | |
| SignatureRhonda_Hunter Printed Plame | Prod_Asst | W. | GOIORES' |
| | 15-684-6631 | Title | |

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.

gas pri

Date