| DISTRIBUTION   | NEW MEXICO OIL CONSE                                  | RVATION COMMIS. N                     | Form C-104                            |
|--|---|---------------------------------------|---------------------------------------|
| THINFE   | REQUEST FOR ALLOWABLE  Supersedes Old C-104 and C-116 |                                       |                                       |
| FILE   | AN[   |                                       | Effective 1-1-65                      |
| U.S.G.S.   | _ AUTHORIZATION TO TRANSPO                            | ORT OIL AND NATURAL (                 | GAS                                   |
| LAND OFFICE  |   |                                       |                                       |
| TRANSPORTER GAS  | _   |                                       |                                       |
| OPERATOR   | -   |                                       |                                       |
| PRORATION OFFICE   |   |                                       |                                       |
| Contrator Contrator  | and sile Ca   |                                       |                                       |
| Address 2  | ice ou co   | myone                                 |                                       |
| BOX 460  | Hobbs, new  | Mesico                                |                                       |
| wason(s) for filing (Check proper bo                           | Change in Transporter of:                             | Other (Please explain)                |                                       |
| New Well<br>irroray Intion                                     | OII Dry Gas   |                                       | ·                                     |
| Charge in Ownership  | Casinghead Gas Condensate                             |                                       |                                       |
|  |   | · · · · · · · · · · · · · · · · · · · |                                       |
| If change of ownership give name and address of previous owner | anne  | 1 1 2                                 | Carry Com                             |
| ·  |   | •                                     |                                       |
| DESCRIPTION OF WELL AND  | Well No. Pool Name, Including Formation               | on Grant Kind of Leas                 |                                       |
| Elliott B-20   | I Lamplie Mastix                                      |                                       | a) or Foe/1/11-0557256                |
| 107  |   | 160                                   | 11/2 4                                |
| Control enter E : 1  | 980 Feet From The Worth Line and                      | 440 Feet From                         | The Wasi                              |
| -  |   |                                       |                                       |
| Line of Section 10 T   | Cownship 225 Range 37                                 | EFFECTIVE JANUAL                      | County                                |
| and an                     | DEED OF OU AND NATURAL CAS                            | SKELLY OIL COMPA                      | ANY MERGED                            |
| DEST Authorized Transporter of C                               | RTER OF OIL AND NATURAL GAS                           | ess (INTOGGETTMIOMPP)                 | of this form is to be sent)           |
| Todas Tiend The  | siro l'estine Co. 1                                   | 30x 1510 Mil                          | Land, Taylon, 7:70/                   |
| in a harborized Transporter of C                               | Drisinghead Gas or Dry Gas Add:                       | ess Give address to which appr        | oved copy of this form is to be sent) |
| Stoller ail  | Company   | Box 1/35 Eu                           | nice, new monico                      |
| of well produces oil or liquids,                               |   | 4.5 40.444.7                          | hen MIA                               |
| give intation of tanks.  | G 20 22 37  | yes                                   | NIA                                   |
| If this production is commingled                               | with that from any other lease or pool, give          | commingling order number:             | 11/14                                 |
| COVELETION DATA  |   | Well Workover Deepen                  | Plug Back   Same Res'v. Diff. Res'v.  |
| Designate Type of Comple                                       |   | X                                     |                                       |
| - Steetted   |   | al Depth                              | P.B.T.D.                              |
| 1-26-73  | 2-17-73   | 3/10                                  |                                       |
| Elevations (DF, RKB, RT, GR, etc.                              | , Name of Producing Formation Queen Top               | Oil/Gas Pay                           | Tubing Depth                          |
| 3378 1   | Marchia Marcix 7-Pives                                | 3665                                  | D14 G-stag Shop                       |
| Perforations H - 364   | 101-37701   | ·                                     | Depth Casing Shoe                     |
| 04-366   |   | HENTING DECORD                        | 0077                                  |
|  | TUBING, CASING, AND CE                                | DEPTH SET                             | SACKS CEMENT                          |
| HOLE SIZE  | CASING & TUBING SIZE                                  | 3647                                  | Circ-350 socks                        |
| 164  |   | 36491                                 | 900 sadio                             |
| 11 11  | W. ***77_   |                                       |                                       |
| 723"   | 2 20 11 + ba  | 3750'                                 |                                       |
| 723"   | 22° 11' + bg  | 3750'                                 |                                       |

Choke Size Casing Pressur Tubing Press Gas - MCF Oil - Bbls.

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

## 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 held f.

OIL CONSERVATION COMMISSION

Mi

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 sllow-able 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.