REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

| WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: The Texas Company State of New Mexico "CD" Well No. 1 , in NW /4 N |
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| D |
| County Date Spudded 6-3-57 Date Drilling Completed 7-25-57 |
| Please indicate location: Elevation 3354 Total Depth 3725 PBTD 3723 |
| D |
| E F G H Copen Hole |
| E F G H Perforations 3508-3556; 3602-3630; 3642-3662 Cpen Hole - Depth Casing Shoe 3725 Depth Tubing 3583 CIL WELL TEST - |
| Cpen Hole Depth Casing Shoe 3725 Depth Tubing 3583 CIL WELL TEST - |
| Cosing Shoe 3123 Tubing 3903 |
| |
| Thomas Choice |
| Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size |
| Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of |
| M N O P load oil used): 58 bbls.oil,bols water in 24 hrs,min. Size_32/ |
| GAS WELL TEST - |
| Natural Prod. Test: MCF/Day; Hours flowed Choke Size |
| Tubing , Casing and Cementing Record Method of Testing (pitot, back pressure, etc.): |
| |
| Test After Acid or Fracture Treatment:MCF/Day; Hours flowed |
| 8 5/8" 1152 800 Choke Size Method of Testing: |
| 4 1/2" 3714 300 Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and |
| sand): 1000 gals Mud Acid. 30000 gals oil bearing 30000 |
| 2" 3577 - Casing 125 Tubing 250 Date first new 7-25-57 |
| Gil Transporter Texas-New Mexico Pipe Line Company |
| Gas Transporter NONE - Flared due to Lack of Mkt Outlet |
| Remarks: GOR-1970. |
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| I hereby certify that the information given above is true and complete to the best of my knowledge. |
| pproved |
| (Company or Operator) |
| OIL CONSERVATION COMMISSION By: |
| A set: (Signature) |
| y: |
| itle |
| Name T.P. Drew |
| Address Box 1270, Midland, Texas |