NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO CIL CONSERVATION COMMISSION Form C-104 SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATHERAT GAS 13 PM '65 LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE .perator Skelly Oil Company Box 730 - Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Dedicated to Skelly Pearose "B" Unit Oil Ory Gas Recompletion effective July 1, 1.965. Change in Ownership 🔀 Casinghead Gas Condensate If change of ownership give name Compass Exploration, Inc. - State No. 2 and address of previous owner Los Angeles, Calif. II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease anglie Mattix - Penrose Si. Skelly Penrose "B" Unit State Location ; 660 Feet From The North Line and 2316 Feet From The - Vest Line of Section 32 37-F 1.68 , NMPM, County , Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Music of Authorized Transporter of Oil | A | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Shall Pipe Line Corporation Box 1910 - Midland, Texas Address (Give address to which approved copy of this form is to be sent) Mame of Authorized Transporter of Casinghead Gas 🚻 💮 or Dry Gas 🔃 Box 1135 - Eunice, New Mexico Shelly Oil Company Twp. Ege. is gas actually connected? Unit Sec. If well produces oil or liquids, give location of tanks. *** 32 22-8 37-8 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Same Res'v. Diff. Res'v. Oil Well New Well Workover Deeper. Plua Back Designate Type of Completion -(X)Date Spudded Date Compl. Ready to Prod. Total Depth Tubing Depth Top Oil/Gas Pay Pool Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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) Oll. WELL Late First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Water - Bbls. Gas - MCF Actual Prod. During Test GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Testing Method (pitot, back pr.) Tubing Pressure Casina Pressure 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.

Dist., Superlitendent

(Title)

(Date)

OIL CONSERVATION COMMISSION

BY Supervisor, Dist. So. 1

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 Sections I, II, III, and VI only 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.