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| | GAS |
| OPERATOR | |
| PRODUCTION 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-111
Effective 1-1-65

| | |
|---|--------------------------------|
| Operator Anadarko Petroleum Corporation | |
| Address P. O. Box 2497, Midland, Texas 79702 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in ownership effective: |
| Recompletion <input type="checkbox"/> | AUG 1 1985 |
| Change in Ownership <input checked="" type="checkbox"/> | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of ownership give name and address of previous owner: Anadarko Production Company, P. O. Box 2497, Midland, Texas 79702 | |

| | | | | | |
|--|---------------|---|--|-----|----------------|
| I. DESCRIPTION OF WELL AND LEASE | | | | | |
| Lease Name LMPSU Tract 37 | Well No. 5 | Pool Name, Including Formation Langlie-Mattix SR, Qn, Grbg | Kind of Lease State, Federal or Fee | Fee | Lease No. - |
| Location Unit Letter I : 1650 Feet From The South Line and 330 Feet From The East | | | | | |
| Line of Section 34 Township 22S Range 37E, NMPM, Lea County | | | | | |

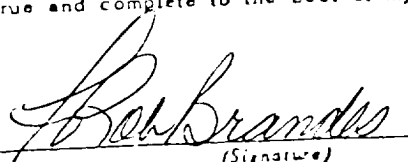
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|---|--|------------|-------------|-------------|-----------------------------------|------------|
| I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company Texas-New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701 P. O. Box 60028, San Angelo, Texas 76906 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, Oklahoma 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 27 | Twp. 22S | Pge. 37E | Is gas actually connected? yes | When NA |

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

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| V. COMPLETION DATA | | | | | | | | |
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
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| 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 |

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

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| 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. | |
|  | |
| Sr. Administrative Specialist | |
| (Title) | |
| July 24, 1985 | |
| (Date) | |

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|---|--|
| OIL CONSERVATION COMMISSION | |
| APPROVED _____, 19__ | |
| BY ORIGINAL SIGNED BY JERRY SEXTON | |
| DISTRICT I SUPERVISOR | |
| 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 deviated tests taken on the well in accordance with RULE 111. | |
| All sections of this form must be filled out completely for all wells 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 conditions. | |
| Separate Forms C-104 must be filled for each pool in multi-completed wells. | |