Supersedes Old C-104 and C-110

NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Form C-104 REQUEST FOR ALLOWABLE FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Petro-Search Exploration Corporation 825 Petroleum Club Bldg., Denver, Colorado 80202 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Change in name of operator Recompletion Dry Gas only Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE fell No. Pool Name, Including Formation Kind of Lease Lease No Lowe 1 Langlie-Mattix-SR-Queen State, Federal or Fee Fee Location Unit Letter 660 Feet From The South Line and 1980 Feet From The East Line of Section 26 Township _22S Range 37E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | Or Condensate | Or Condensat Address (Give address to which approved copy of this form is to be sent) Compton Corporation P. O. Box 538, Abilene, TX 79604

Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 👿 💮 or Dry Gas Warren Petroleum Co. P. O. Box 1589, Tulsa, OK 74102 Unit If well produces oil or liquids, give location of tanks. Sec. Twp. P.ge. Is gas actually connected? 0 26 22S 37E Yes 4/9/74 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Designate Type of Completion -(X)Workover Deepen Same Res'v. Diff. Res'v. 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 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) OIL WELL 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 - Bbis. Gas - MCF GAS WETT

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

2/22/78

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.

DE	mge B. Judg	
•	(Signature)	
Vice	President of Production	
	(Title)	

(Date)

OIL CONSERVATION COMMISSION

APPROVED Sunyan 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 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 only Sections I, II, III, and VI for changes of owner, rell 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.

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