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| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-110
Effective 1-1-65

| | |
|--|--|
| Operator Armer Oil Company | |
| Address 2110 Continental National Bank Bldg., Fort Worth, Texas 76102 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> |
| | Dry Gas <input type="checkbox"/> |
| | Condensate <input type="checkbox"/> |
| Other (Please explain) New Casinghead Gas Connection | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|------------------|
| Lease Name Fluor | Well No. 1 | Pool Name, including Formation Langlie-Mattix SR-Queen | Kind of Lease State, Federal or Fee Fee | Lease No. - - |
| Location | | | | |
| Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West | | | | |
| Line of Section 35 Township 22S Range 37E , NMFM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------|-------------|-------------|-----------------------------------|-----------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Texas-New Mexico Pipe Line Company | P. O. Box 1510, Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Warren Petroleum Company | P. O. Box 1589, Tulsa, Oklahoma 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 35 | Twp. 22S | Rge. 37E | Is gas actually connected? Yes | When April 9, 1974 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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)

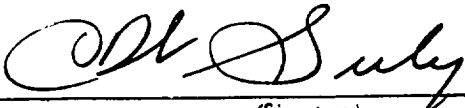
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

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

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.


(Signature)
Production Manager
(Title)
April 9, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each well in multiple

| | | |
|------------------|-----|--|
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

| | |
|--|---|
| Operator Armer Oil Company | |
| Address 2110 Continental National Bank Bldg., Fort Worth, Texas 76102 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | CANNOT BE MUST NOT BE FILED 10/11/73 UNLESS AN EXCEPTION TO B-4070 IS OBTAINED |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | |
| Casinghead Gas <input type="checkbox"/> | |
| Dry Gas <input type="checkbox"/> | |
| Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|-----------------|
| Lease Name Fluor | Well No. 1 | Pool Name, including Formation Langlie-Mattix SR-Queen | Kind of Lease State, Federal or Fee Fee | Lease No. -- |
| Location | | | | |
| Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West | | | | |
| Line of Section 35 Township 22S Range 37E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|------------|-------------|-------------|----------------------------------|------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Texas-New Mexico Pipe Line Company | P.O. Box 1510, Midland, Texas 79701 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Negotiating Sale | -- | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 35 | Twp. 22S | Rge. 37E | Is gas actually connected? No | When -- |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|-----------------------------------|--|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 6/17/73 | Date Compl. Ready to Prod. 7/9/73 | | Total Depth 4500' KBM | | P.B.T.D. 3631' KBM | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3319' KBM | Name of Producing Formation Penrose Sand | | Top Oil/Gas Pay 3571' KBM | | Tubing Depth 3596' GR | | | |
| Perforations 3571-85' (15 - 0.37" holes) | | | | | Depth Casing Shoe 3640' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8-5/8" OD | | 392' KBM | | 250 sxs | | | |
| 7-7/8" | 5-1/2" OD | | 3640' KBM | | 350 sxs | | | |
| -- | 2-3/8" OD tbg. | | 3596' GR | | -- | | | |

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 7/24/73 | Date of Test 8/14/73 | Producing Method (Flow, pump, gas lift, etc.) Flow-Pump | |
| Length of Test 24 hrs. | Tubing Pressure 20 psi | Casing Pressure 25 psi | Choke Size 2" |
| Actual Prod. During Test 92 | Oil-Bbls. 92 | Water-Bbls. 66 | Gas-MCF 154 |

GAS WELL

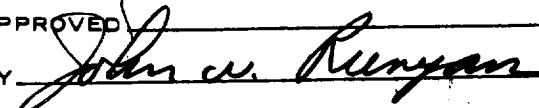
| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure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

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.


(Signature)
Production Manager
(Title)
August 16, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
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, 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.