

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

Form C-104  
Supersedes OH C-104 and C-1  
Effective 1-1-65

1.

|                  |     |  |
|------------------|-----|--|
| INTEFER          |     |  |
| ILE              |     |  |
| S.O.S.           |     |  |
| AND OFFICE       |     |  |
| TRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |

Operator  
Texas Pacific Oil Company, Inc.

Address  
P. O. Box 4067, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

|                     |                                     |                           |                          |                                                                          |
|---------------------|-------------------------------------|---------------------------|--------------------------|--------------------------------------------------------------------------|
| New Well            | <input checked="" type="checkbox"/> | Change in Transporter of: |                          | To run oil recovered while testing prior to potential test<br>1475 Bbls. |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> |                                                                          |
| Change in Ownership | <input type="checkbox"/>            | Gas                       | <input type="checkbox"/> |                                                                          |

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

II. DESCRIPTION OF WELL AND LEASE

|                 |                                         |                               |                                                      |
|-----------------|-----------------------------------------|-------------------------------|------------------------------------------------------|
| Lease Name      | Well No. Pool Name, Including Formation | Kind of Lease                 | Lease No.                                            |
| Elliott B-13    | 2 Drinkard                              | State, Federal or Fee Federal |                                                      |
| Location        |                                         |                               |                                                      |
| Unit Letter     | E                                       | 510                           | Feet From The West Line and 2100 Feet From The North |
| Line of Section | 13                                      | Township                      | 22-S Range 37-E, N.M.P.M., Lea County                |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                           |                                                                          |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| The Permian Corporation                                                                                   | Box 1183, Houston, Texas 77001                                           |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Gas <input type="checkbox"/>            | Address (Give address to which approved copy of this form is to be sent) |
|                                                                                                           |                                                                          |
| If well produces oil or liquids, give location of tanks.                                                  | Is gas currently collected? When                                         |

If this production is commingled with flow from another lease or pool, give commingling order number:

IV. COMPLETION DATA

|                                      |                                  |                                 |              |        |           |           |            |
|--------------------------------------|----------------------------------|---------------------------------|--------------|--------|-----------|-----------|------------|
| Designate Type of Completion - (X)   | Old Well                         | New Well                        | Workover     | Deepen | Plug Back | Same Res. | Diff. Res. |
| Date Spudded                         | Date Drilled                     | Date Perforated                 | Date Sealed  |        |           |           |            |
| Elevation (ft.) M.A.S. (ft.)         | Depth of First Perforation (ft.) | Depth of Last Perforation (ft.) |              |        |           |           |            |
| Performances                         |                                  |                                 |              |        |           |           |            |
| 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 fluid 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    | Production Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Casing Pressure | Casing Pressure                                | Choke Size |
| Actual Prod. During Test        | Oil-Gals.       | Water-Gals.                                    | Gas-MCF    |

GAS WELL

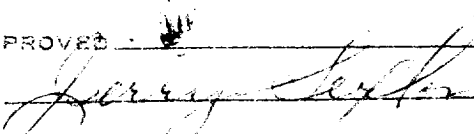
|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (flow, back flow) | Casing 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.

W. J. McClinton - 27  
(Signature)  
Area Superintendent  
(Title)  
March 25, 1976  
(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 logs 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 multiple completed wells.