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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

| |
|--|
| 5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. |
| 7. Unit Agreement Name |
| 8. Farm or Lease Name <i>A.L. Christina (NCT-C)</i> |
| 9. Well No. <i>9</i> |
| 10. Field and Pool, or Wildcat <i>Blindery</i> |
| 12. County <i>Lea</i> |
| 19. Proposed Depth |
| 19A. Formation |
| 20. Rotary or C.T. |
| 21. Elevations (Show whether DF, RT, etc.) <i>3447' GL</i> |
| 21A. Kind & Status Plug. Bond |
| 21B. Drilling Contractor |
| 22. Approx. Date Work will start |

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

| | | |
|---|--|---|
| 1a. Type of Work b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/> | 2. Name of Operator <i>Gulf Oil Corp.</i> | 3. Address of Operator <i>P. O. Box 670, Hobbs, NM 88240</i> |
| 4. Location of Well UNIT LETTER <i>G</i> LOCATED <i>1020</i> FEET FROM THE <i>North</i> LINE AND <i>211-6</i> FEET FROM THE <i>East</i> LINE OF SEC. <i>13</i> TWP. <i>22S</i> RGE. <i>37E</i> NMPM | | |
| 23. | | |

PROPOSED CASING AND CEMENT PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | SACKS OF CEMENT | EST. TOP |
|--------------|----------------|-----------------|---------------|-----------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

*Set CIBP @ 5400 + cap w/ 35' cont to P & A Simpson. Perf Blindery
5447' 5488' 5507' 5539' 5552' 5574' 5608' 5660' 5713' 5725' 5769' UNJAPF.
Spot 11 1/2" 50 NEFE. Swab. Grad 4x-link gel + 20/40 sand.
Reverse fill. Swab. Grad prod. thg.*

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed *Sam H. Lawrence* Title *AREA ENGINEER* Date *9-13-84*

(This space for State Use)
ORIGINAL SIGNED BY JERRY B. BOSTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 17 1984

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|---|
| 1. OPERATOR | |
| Gulf Oil Corporation | |
| Address | |
| P. O. Box 670, Hobbs, NM 88240 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |
| Change in Name of Transporter Effective 1-1-83 | |
| 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. |
| A. L. Christmas (NCT-C) | 9 | Drinkard | State, Federal or Fee Fee | |
| Location | | | | |
| Unit Letter G : 1680 Feet From The North Line and 2166 Feet From The East | | | | |
| Line of Section 18 Township 22S Range 37E, NMPM, Lea Count | | | | |

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) | | | | | |
| Getty Trading & Transportation Co. | Box 1142, Midland, TX 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 Corp. | Box 1589, Tulsa, OK 74100 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rgc. | Is gas actually connected? | When |
| | G | 18 | 22S | 37E | Yes | 6-2-77 |

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. Re |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RNB, RT, CR, 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 oil able 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/MCF | Gravity of Condensate |
| Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jamal A. Gurnea
(Signature)
Area Engineer
(Title)
1-26-83
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 28 1983, 19
ORIGINAL SIGNED BY
DY EDDIE W. SEAY
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in mult recompleted wells.

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JAN 27 1983
O.C.D.
HOBBS OFFICE

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Form C-105
Revised 11-1-74

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

1a. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

b. TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ U.F.F. RESVR. ☐ OTHER ☐

7. Unit Agreement Name

8. Farm or Lease Name
A.L. Christmas (NCT=C)

9. Well No.
9

10. Field and Pool, or Wildcat
Undes. Drindard

2. Name of Operator
Gulf Oil Corporation

3. Address of Operator
Box 670, Hobbs, N.M. 88240

4. Location of Well
UNIT LETTER G LOCATED 1680 FEET FROM THE North LINE AND 2166 FEET FROM East
TWP. 22-S RGE. 37-E NMPM

12. County
Lea

| | | | | |
|---|----------------------------------|---|--|---------------------------------------|
| 15. Date Spudded 4-3-77 | 16. Date T.D. Reached 4-15-77 | 17. Date Compl. (Ready to Prod.) 4-21-77 | 18. Elevations (DF, RKB, RT, GR, etc.) 3417' | 19. Elev. Casinghead -- |
| 20. Total Depth 6750' | 21. Plug Back T.D. 6710' | 22. If Multiple Compl., How Many Single | 23. Intervals Drilled By Rotary Tools 0 to 6750' | Cable Tools -- |
| 24. Producing Interval(s), of this completion -- Top, Bottom, Name 6437' - 6591' | | | | 25. Was Directional Survey Made No |
| 26. Type Electric and Other Logs Run Gamma Ray--Compensated Density | | | | 27. Was Well Cored No |

| 28. CASING RECORD (Report all strings set in well) | | | | | |
|--|----------------|-----------|-----------|-----------------------|---------------|
| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
| 8 5/8" | 24# | 1125' | 12 1/4" | 550 sacks-circulated | |
| 5 1/2" | 15.50# | 6750' | 7 7/8" * | 1310 sacks-circulated | |
| *DV tool at 3459' | | | | | |

| 29. LINER RECORD | | | | 30. TUBING RECORD | | | |
|------------------|-----|--------|--------------|-------------------|--------|-----------|------------|
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET |
| | | | | | 2 3/8" | 6369' | 6369' |

31. Perforation Record (Interval, size and number)
Perforated 5 1/2" casing with 2--.45" JHPF at 6437-39, 6458-60, 6496-98, 6533-35, 6558-60 and 6589-91.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
DEPTH INTERVAL: 6437 - 6591
AMOUNT AND KIND MATERIAL USED: 4000 gallons 15% NE HCL acid.

33. PRODUCTION

| | | |
|-----------------------------------|---|---|
| Date First Production 4-21-77 | Production Method (Flowing, gas lift, pumping - Size and type pump) Flow | Well Status (Prod. or Shut-in) Producing |
| Date of Test 4-24-77 | Hours Tested 24 | Choke Size 20/64 |
| Flow Tubing Press. 400# | Casing Pressure -- | Calculated 24-Hour Rate -- |
| Oil - Bbl. 120 | Gas - MCF -- | Water - Bbl. 18 load |
| Oil - Bbl. 120 | Gas - MCF -- | Water - Bbl. 18 load |
| Oil Gravity - API (Corr.) 37.8 | | |

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
Vented

Test Witnessed By
O. O. Wink

35. List of Attachments

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED D. F. Berlin TITLE Area Engineer DATE 4-25-77

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

| | | | | |
|--------------------|------|------------------|-----------------------|-------------------|
| T. Anhy | 1074 | T. Canyon | T. Ojo Alamo | T. Penn. "B" |
| T. Salt | 1174 | T. Strawn | T. Kirtland-Fruitland | T. Penn. "C" |
| B. Salt | 2434 | T. Atoka | T. Pictured Cliffs | T. Penn. "D" |
| T. Yates | 2606 | T. Miss | T. Cliff House | T. Leadville |
| T. 7 Rivers | 2850 | T. Devonian | T. Menefee | T. Madison |
| T. Queen | 3325 | T. Silurian | T. Point Lookout | T. Elbert |
| T. Grayburg | 3608 | T. Montoya | T. Mancos | T. McCracken |
| T. San Andres | 3876 | T. Simpson | T. Gallup | T. Ignacio Qtzite |
| T. Glorieta | 5078 | T. McKee | Base Greenhorn | T. Granite |
| T. Paddock | | T. Ellenburger | T. Dakota | T. |
| T. Blinberry | 5404 | T. Gr. Wash | T. Morrison | T. |
| T. Tabb | 6103 | T. Granite | T. Todilto | T. |
| T. Drinkard | 6414 | T. Delaware Sand | T. Entrada | T. |
| T. Abo | | T. Bone Springs | T. Wingate | T. |
| T. Wolfcamp | | T. | T. Chinle | T. |
| T. Penn. | | T. | T. Permian | T. |
| T. Cisco (Bough C) | | T. | T. Penn. "A" | T. |

OIL OR GAS SANDS OR ZONES

| | | | | | | | |
|-------------|------|----|------|-------------|--|----|--|
| No. 1, from | 6437 | to | 6591 | No. 4, from | | to | |
| No. 2, from | | to | | No. 5, from | | to | |
| No. 3, from | | to | | No. 6, from | | to | |

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

| | | | | | |
|-------------|--|----|--|------|--|
| No. 1, from | | to | | feet | |
| No. 2, from | | to | | feet | |
| No. 3, from | | to | | feet | |
| No. 4, from | | to | | feet | |

FORMATION RECORD (Attach additional sheets if necessary)

| From | To | Thickness in Feet | Formation | From | To | Thickness in Feet | Formation |
|------|------|----------------------|--|------|----|----------------------|-----------|
| 0 | 1074 | | Red Beds | | | | |
| 1074 | 2606 | | Anhydrite & Salt | | | | |
| 2606 | 5078 | | Dolomite, Anhydrite and Sandstone. | | | | |
| 5078 | 6750 | | Dolomite, Shale, Sandstone & Limestone | | | | |

DISTRICT
 SANTA FE
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 PROBATION 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-105
 Effective 1-1-65

Operator
 Gulf Oil Corporation
 Address
 Box 670, Hobbs, N.M. 88240
 Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of ☐
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
 Other (Please explain)
 To show gas transporter

If change of ownership give name
 and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name
 A. L. Christmas (NCT-C)
 Well No.
 9
 Pool Name, Including Formation
 Drinkard
 Kind of Lease
 State, Federal or Fee
 Fee
 Lease No.
 Location
 Unit Letter
 G
 : 1680 Feet From The north Line and 2166 Feet From The east
 Line of Section 18 Township 22S Range 37E NMFM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
 Western Crude Oil, Inc.
 Address (Give address to which approved copy of this form is to be sent)
 Box 1142, Midland, Texas 79701
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
 Warren Petroleum Corporation
 Address (Give address to which approved copy of this form is to be sent)
 Box 1589, Tulsa, Oklahoma 74100
 If well produces oil or liquids, give location of tanks.
 Unit
 G
 Sec.
 18
 Twp.
 22S
 Rge.
 37E
 Is gas actually connected?
 Yes
 When
 6-2-77

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'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

VII. 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-Bble. Water-Bble. Gas-MCF

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

I. 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.

D.F. Berlin
 (Signature)
 Area Engineer
 (Title)
 6-6-77
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED 7, 1977
 BY Orig. Signed by Jerry Sexton Dist. Supt.
 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 deviate 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.

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| 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
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Gulf Oil Corporation
Address
Box 670, Hobbs, N.M. 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Casinghead Gas MUST NOT BE
PLACED IN THE POOL
New Well EXEMPTION TO RULE 1104
IS OBTAINED

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name A.L. Christmas (NCT-C) | Well No. 9 | Pool Name, including Formation Unders. Drinkard R-5456 | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter G ; 1680 Feet From The North Line and 2166 Feet From The East Line of Section 18 Township 22-S Range 37-E, 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"/> Western Crude Oil, Inc. | Address (Give address to which approved copy of this form is to be sent) Box 1142, 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) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 18 | Twp. 22-S | Rge. 37-E | Is gas actually connected? No | When |

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 <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 4-3-77 | Date Compl. Ready to Prod. 4-21-77 | | Total Depth 6750' | | P.B.T.D. 6710' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3417' G L | Name of Producing Formation Drinkard | | Top Oil/Gas Pay 6437' | | Tubing Depth 6369' | | | |
| Perforations 6437' to 6591' | | | | | Depth Casing Shoe 6750' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" | | 1125' | | 550 - circulated | | | |
| 7 7/8" | 5 1/2" | | 6750' * | | 1310 - circulated | | | |
| | 2 3/8" | | *DV tool at 3459' | | | | | |

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 4-21-77 | Date of Test 4-24-77 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hours | Tubing Pressure 400# | Casing Pressure --- | Choke Size 20/64" |
| Actual Prod. During Test 138 | Oil-Bbls. 120 | Water-Bbls. 18 Load Water | Gas-MCF --- |

Corr. Gravity 37.8

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 |

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.

D. F. Berlin

(Signature)

Area Engineer

(Title)

April 25, 1977

(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.