

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|
| Operator<br>ARCO OIL AND GAS COMPANY                                                                                                                                                                                                                                                                                                                                                                                   |  | Well APN No.<br>30-025-27196 |
| Address<br>BOX 1710, HOBBS, NEW MEXICO 88240                                                                                                                                                                                                                                                                                                                                                                           |  |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> EFFECTIVE: 5/22/91<br>Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  |                              |
| If change of operator give name and address of previous operator                                                                                                                                                                                                                                                                                                                                                       |  |                              |

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                  |               |                                                               |                                        |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------|----------------------------------------|------------------|
| Lease Name<br>SHIPLEY A WN                                                                                                                       | Well No.<br>6 | Pool Name, Including Formation<br>JALMAT TANSILL YATES SR GAS | Kind of Lease<br>State, Federal or Fee | Lease No.<br>FEE |
| Location<br>Unit Letter E : 1650 Feet From The NORTH Line and 660 Feet From The WEST Line<br>Section 27 Township 22S Range 36E, 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"/><br>THE PERMIAN CORPORATION          | Address (Give address to which approved copy of this form is to be sent)<br>P. O. BOX 1153, HOUSTON, TX     |            |            |            |                                   |                  |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>WARREN PETROLEUM COMPANY | Address (Give address to which approved copy of this form is to be sent)<br>P. O. BOX 1589, TULSA, OK 74102 |            |            |            |                                   |                  |
| If well produces oil or liquids, give location of tanks.                                                                                             | Unit<br>E                                                                                                   | Sec.<br>27 | Twp.<br>22 | Rge.<br>36 | Is gas actually connected?<br>YES | When?<br>5/22/91 |
| 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 Tank                                                                                                                          | 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            |

VI. OPERATOR 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.

Signature  
James D. Cogburn, Administrative Supervisor  
Printed Name  
May 22, 1991  
Date  
Title  
392-1600  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 24 1991  
By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.