DISTRIBUTION 551UN NEW MEXICO OF CONSERVATION CC Form C-104 Supersedes Old C-104 ar 1 C-11 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE CONTINENTAL OIL CO. MEXICO Other (Please explain) NEW 460 HOBB5 WELL REDESIGNATION New Well Recompletion Dry Gas Condensate Casinghead Gas WILDER NO Change in Ownership If change of ownership give name and address of previous owner ____ i. DESCRIPTION OF WELL AND LEASE | Well No.; Pool Name, Including Formation LC-069515 EL MAR 35 DELAWARE NORTH ELMAR UNIT BTY 1 Feet From The South Line and 1980 Feet From The 32-E , NMPM, Line of Section 25 Township 26-5 Range II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Mane of Authorized Transporter of OH 🗶 NEW MEXICO 1510 MIDLAND TEXAS (Give address to which approved copy of this form is to be sent). HOUSTON, TEXAS 00 OIL CONTINENTAL Unit If well produces oil or liquids, give location of tanks. 32 26 11 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v Gas Well New Well Workover Oil Well Designate Type of Completion =(X)P.B.T.D Date Spudded Date Compl. Ready to Prod. Total Depth Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLL SIZE CASING & TUBING SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top also able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas - MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 1. 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.

SUPERVISOR AUMINISTRATIVE

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NMOCC

APPROVED_ Original by

BY__

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

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

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

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

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