SANTA FE Supersedes Old C-104 and C-11 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator CONTINENTAL OIL CO. NEW 460 HO885 New Well Change in Transporter of: WELL REDESIGNATION . FORMERLY Dry Gas CH Recompletion Change in Ownership Casinghead Gas Condensate WILDER NO. 10 If change of ownership give name and address of previous owner ____ DESCRIPTION OF WELL AND LEASE Well No. Lease No. Poel Name, including Formation Kind of Lease LC-069515 EL MAR DELAWARE NORTH ELMAR UNIT BTY 1 16 : 1980 Feet From The north Line and 660 Feet From The 32-E , NMPM, 26-5 Range Township II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 🗶 or Condensate PIPELINE BOX 1510 MIDLAND TEXAS Address (Give address to which approved copy of this form is to be sent). XAS NEW MEXICO of Authorized Transporter of Casinghs TEXAS Dry Gas 7 HOUSTON, TEXAS (NGiGP) 2/97 actually conne BOX. CONTINENTAL P.ge. Unit If well produces oil or liquids, give location of tanks. 32 11 26 YE5 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 New Well Workover Deepen Oil Well Gas Well Designate Type of Completion -(X)P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Top Oll/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (Text must be after recovery of total volume of load oil and must be equal to or exceed top allow 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 Oi. Run To Tanks Date of Test Casing Pressure Choke Size Tubing Pressure Length of Test Water - Bble. Gga - MCF Actual Prod. During Test OIL-Bbla. GAS WELL

L CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

NMOCC 5

Actual Prod. Test-MCF/D

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.

Length of Test

Tubing Pressure (Shut-in)

SUPERVISOR ADMINISTRATIVE

11-15-73

OIL CONSERVATION COMMISSION

Bbls. Condensate/MMCF

1

Casing Pressure (Shut-in)

Gravity of Condensate

Choke Size

APPROVED_

TITLE

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

If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatic 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 owne well name or number, or transporter, or other such change of conditio

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