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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|   |              |
|---|--------------|
| Operator<br><b>BRUCE A. WILBANKS COMPANY</b>  | Well API No. |
| Address<br><b>P. O. BOX 763 MIDLAND, TX 79702</b>   |              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of:<br>Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/><br>Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <input type="checkbox"/><br><b>oil Effective 5-1-92, gas eff 11-1-91</b> |              |
| If change of operator give name and address of previous operator  |              |

II. DESCRIPTION OF WELL AND LEASE

|   |                      |   |   |                                 |
|---|----------------------|---|---|---------------------------------|
| Lease Name<br><b>FARNSWORTH "A" FEDERAL</b>   | Well No.<br><b>1</b> | Pool Name, including Formation<br><b>SCARBOROUGH YATES 7 RIVERS</b> | Kind of Lease<br><b>State, Federal or Foreign</b> | Lease No.<br><b>LC-030180-A</b> |
| Location<br>Unit Letter <b>A</b> : <b>990</b> Feet From The <b>N</b> Line and <b>330</b> Feet From The <b>E</b> Line<br>Section <b>18</b> Township <b>26-S</b> Range <b>36-E</b> , 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><b>Enron Oil Trading &amp; Transportation</b>               | Address (Give address to which approved copy of this form is to be sent)<br><b>P. O. Box 10607, Midland TX 79702</b>     |                    |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Sid Richardson Carbon &amp; Gasoline Company</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>201 Main Street, Fort Worth, TX 76102</b> |                    |
| If well produces oil or liquids, give location of tanks.  | Unit<br><b>A</b>   | Sec.<br><b>13</b>  |
|   | Twp.<br><b>26S</b>   | Rge.<br><b>36E</b> |
|   | Is gas actually connected? <b>yes</b> When ?   |                    |

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA **SID RICHARDSON GASOLINE CO. - Eff. 3/1/93**

|                                     |                             |          |                 |          |                   |           |                       |                       |
|-------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-----------------------|-----------------------|
| Designate Type of Completion - (X)  | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res <sup>v</sup> | Diff Res <sup>v</sup> |
| 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.) |            | GAS OPERATIONS<br>RECEIVED<br><br>MAR 26 1992 |
| 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 Jeanette Lowery Agent  
Printed Name **Jeanette Lowery** Title  
**3-18-92** **915 682 7582**  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 23 1992**  
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.