STATE OF NEW MEXICO Form C-104 ENERGY AND MINERALS DEPARTMENT Revised 10-01-78 Format 06-01-83 OIL CONSERVATION DIVISION Page 1 P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operate Dwight A. Tipton c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, NM 88241 4400 Other (Please explain) Roosan(s) for filing (Check proper box) Change in Transporter of: Effective 7/1/88 New Yold Dry Gas 011 Remarketies Condensate Casinghead Gas ge in Ownership C If change of ownership give name Graham Royalty Ltd., 5429 LBJ Fwy, Suite 550, Dallas, Texas 75240 and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease No Kind of Lease Well No. | Pool Name, Including Formation NM-7951 Leese I State, Federal or Fee Federal South Leonard Queen 3 Leonard Federal I ecalies 1650 West Feet From The ____ Feet From The South 1650 Line and K Lea County 37 E NMPM, 26 S Range 11 Township Line of Section IL, DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate e of Authorized Transporter of OII 77251-1183 P. O. Box 1183, Houston, Texas Address (Give address to which approved copy of this form is to be sent) Permian Name of Authorized Transporter of Casinghood Gos or Dry Gas When is gas actually connected? Sec. Ree. Twp. Unit If well produces all or liquids, No 265 i 37E 11 J give location of tanks. If this production is commingied with that from any other lease or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION 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 is true and complete to the best of my knowledge and belief

Agent (Tule) 7/21/88

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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 allo able on new and recompleted wells.

Fill out only Sections I. U. 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 multi; completed wells.

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