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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | | |
|--|---|---|
| Operator El Paso Natural Gas Company | | |
| Address P. O. Box 1384 - Jal, New Mexico | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: | Indicate Operator and Update Files |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner

| | | | | |
|--|--|----------------------|--|---|
| Lease Name State A | | Well No. 1 | Pool Name, including Formation Rhodes Storage-Yates 7 Rivers Gas | Kind of Lease State, Federal or Fee State |
| Location Unit Letter P , 660 Feet From The South Line and 660 Feet From The East | | | | |
| Line of Section 16 , Township 26-S Range 37-E , NMPM, Lea County | | | | |

| | | | |
|--|------|--|---------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| El Paso Natural Gas Company | | P. O. Box 1384 - Jal, New Mexico | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. |
| | | | Rge. |
| | | | Is gas actually connected? Yes |
| | | | When December 29, 1937 |

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

| | | | | | | | | | |
|--------------------------------------|-----------------------------|----------------------|----------|-----------|-------------------|--------------|-----------|-------------|--------------|
| 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. | | | | |
| Pool | 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 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | |
|---------------------------------|-----------------|-----------------|---|--|
| Date First New Oil Run To Tanks | | 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 | |

| | | | | |
|----------------------------------|-----------------|-----------------|----------------------|-----------------------|
| Actual Prod. Test-MCF/D | | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | |

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.

Don R. Balmer
(Signature)
Petroleum Engineer
(Title)
April 27, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

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