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| DATE OF FILING |  |
| FILE NO.       |  |
| LAND OFFICE    |  |
| TAXPAYER       |  |
| OPERATOR       |  |
| PRODUCING FORM |  |

OIL CONSERVATION DIVISION

P. O. BOX 2043  
SANTA FE, NEW MEXICO 87501

Form OCM  
Revised 12-31-73  
Form OCM-1  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
Draco Energy, Inc.  
Address  
P. O. Box 11404 Midland, Texas 79702  
Reason for filing (Check proper box)  
☐ New Well ☐ Change in Transporter of: ☒ Oil ☐ Dry Gas ☐ Condensate  
☐ Reoperation ☐ Change in Ownership

If change of ownership list name of previous owner: Madala, Inc. Five Post Oak Park, Suite 1410 Houston, Tx. 77027

II. DESCRIPTION OF WELL AND LEASE  
Well Name: "16" State  
Lease No.: 6y  
Pool Name: *Shut-In*  
Section: *Shut-In*  
Twp: *7*  
Range: *7*  
Line: *760*  
Foot From Top: *South*  
Foot From Top: *West*  
Line of Section: *16*  
Township: *26S*  
Range: *36E*  
North: *16*  
East: *16*

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Transporter of Oil: ☒ or Condensate: ☐  
Transporter of Gas: ☐ or Dry Gas: ☐  
Name of Transporter: *Draco Energy, Inc.*  
Address: *P. O. Box 2043, Santa Fe, N.M. 87501*  
Name of Natural Gas Co.: *Draco Energy, Inc.*  
Address: *P. O. Box 1400, El Paso, Tx. 79718*  
Name of Gas Co.: *Draco Energy, Inc.*  
Address: *P. O. Box 1400, El Paso, Tx. 79718*  
Name of Gas Co.: *Draco Energy, Inc.*  
Address: *P. O. Box 1400, El Paso, Tx. 79718*

IV. COMPLETE PART IV AND V ON REVERSE SIDE IF NECESSARY.

VI. CERTIFICATE OF COMPLIANCE  
I, *John H. Swendig*, President of *Draco Energy, Inc.*, do hereby certify that the information given is true and complete to the best of my knowledge.  
Signature: *John H. Swendig*  
Title: *President*  
Date: *February 8, 1983*

OIL CONSERVATION DIVISION  
FEB 16 1988  
APPROVED BY: *Paul Kautz*  
Geologist  
TITLE: *Geologist*  
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 facsimile 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.  
Separate Forms OCM-1 must be filed for each pool in multiply completed wells.

ILLEGIBLE