1000 Rio Brazos Rd, Azec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Weil API No. Marks & Garner Mediation Recompletion Oil Dry Gas Recompletion Oil Dry Gas If change of operator Royalty Holding Co., 9428 Westgate Rd., Suite 10 OK 73162 Ito ESCRIPTION OF WELL AND LEASE Lesse Name North Line and 1980 Federal "CG" 22 Yell No. In Unit Letter F Section 22 Section 22 Section Or Condensate II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Auborized Transporter of Call PM Concregation Or Condensate Address (Give address to which approved copy of this for Phit11192.66 GPM Gas Corporation	DOA, Oklahoma Lease No. NMLCO62269A West Line County
Marks & Garner Marks	DOA, Oklahoma Lease No. NMLCO62269A West Line County
P 0 Box 70, Lovington, NM 88260 Reason(s) for Filing (Check proper box) New Well Other (Please explain) New Well Change in Transporter of: Recompletion Oil Dry Gas If change of operator give name ad address of previous operator Royalty Holding Co., 9428 Westgate Rd., Suite 10 OK 73162 II. DESCRIPTION OF WELL AND LEASE Verified and the set of previous operator Yell Medites of previous operator Royalty Holding Co., 9428 Westgate Rd., Suite 10 OK 73162 II. DESCRIPTION OF WELL AND LEASE Location Unit Letter F 1980 Feet From The North Line and 1980 Section 22 Township 24 S Range 32E Name of Authorized Transporter of Chings for Dry Gas Phillipe_66 GPM Gas Corporation If well produces oil or inquids, give location Address (Give address to which approved copy of this for Phillipe_66 GPM Gas Corporation If well produces oil or inquids, give locatin of this go <	Lease No. NML CO62269A West Line County
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Unit Letter F 1980 Feet From The North Line and 1980 Feet From The Section 22 Township 24 S Range 32 E , NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this fo Enron 01 Trading Encroy P 0 Box 1188, Houston TX 7 Name of Authorized Transporter of Casingheed Gas B Oor Dry Gas Address (Give address to which approved copy of this fo Philips 66 GPM Gas Corporation Address (Give address to which approved copy of this fo If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When 7 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back	County rm is to be sent) 7 7 2 5 1
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Section 2.2 Township Range Numeric Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this for Enron Oil Trading Off Encore P O Box 1188 Houston TX 7 Name of Authorized Transporter of Casinghead Gas Port Core P O Box 1188 Houston TX 7 Name of Authorized Transporter of Casinghead Gas Port Core P O Box 1188 Houston TX 7 Name of Authorized Transporter of Casinghead Gas Port Core P O Box 1188 Houston TX 7 Name of Authorized Transporter of Casinghead Gas Port Core Port Gas Address (Give address to which approved copy of this for Phillips 66 GPM Gas Corporation Ref. Is gas actually connected? When ? If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When ? If this production is commingled with that from any other lease or pool, give commingling order number: New Well Workover <	rm is to be sent) 7 2 5 1
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IV. COMPLETION DATA Oil Well Gus Well New Well Workover Deepen Plug Back	
	Same Res'v Diff Res'v
Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. Total Depth	l
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Dept	h
Perforations Depth Casing	g Shoe
TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET S	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 f	for full 24 hours.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lýt, etc.)	······
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 C	Condensate
I esting Method (pitot, 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 OIL CONSERVATION	DIVISION
Division have been complied with and that the information given above is true and complete, to the best of my knowledge and belief.	1002
be true and complete to the best of my knowledge and belief. Date ApprovedFEB_04_	1223
left starren Di	
Signature By ORIGINAL SIGNED BY JERI J H Garner Partner Distance I SUPERVI	RY SEXTON
Printed Name Title Title	
<u>01-29-93</u> 505-396-5326 Date Telephone No.	

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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.