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| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| 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-11
Effective 1-1-85

| | |
|---|---|
| Operator Clyde Petroleum, Inc. | |
| Address P.O. Box 1666 - 1826 West Walker Breckenridge, TX 76024-1666 | |
| Reason(s) for filling (Check proper box) | |
| New Well <input type="checkbox"/> | Change In Transporter of: <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change In Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

If change of ownership give name and address of previous owner Cordova Resources, Inc. 5501 LBJ #900 Dallas, TX 75240

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name Knight | Well No. 2 | Pool Name, including Formation Langlie-Mattix 7-Rivers Queen | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location | | | | |
| Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West | | | | |
| Line of Section 22 Township 24S Range 37E , NMPM, Lea County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Texas-New Mexico Pipeline Company | P.O. Box 2428 Hobbs, New Mexico 88240 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | | |
| Unit I | Sec. 21 | Twp. 24S |
| Rge. 37E | Is gas actually connected? When | |

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

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Rest'v. | Diff. Rest'v. |
| 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 |
| | | | |
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE (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 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 |

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.

Bob D. Griffin
(Signature)
District Manager
(Title)
1/6/84
(Date)

| | |
|---|---------------------------------|
| OIL CONSERVATION COMMISSION | |
| JAN 20 1984 | |
| APPROVED | 19 |
| BY | ORIGINAL SIGNED BY JERRY SEXTON |
| TITLE | DISTRICT I SUPERVISOR |
| This form is to be filed in compliance with RULE 1104. | |
| If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the devint tests taken on the well in accordance with RULE 111. | |
| All sections of this form must be filled out completely for all able on new and recompleted wells. | |
| Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi | |

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HOLLYWOOD OFFICE

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