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Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Mobil Producing Texas & New Mexico Inc. 9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reason(s) for Itling (Check proper box) Other (Please explain) New Well Change in Transporter of: To change Operator name from Mobil Oil Recompletion Oil Dry Gas Corporation. Change in Ownership Casinghead Gas (Effective Date: 1-1-1980) If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Lease No. Liberty 3 Jalmat Tansill Yates 7 Rivers State, Federal or Fee Pat. : 2310 Feet From The South Line and 660 __ Feet From The West Township 37-E , NMPM, 25S Range Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) None of Authorized Transporter of Casinghead Gas or Dry GaskXXX Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company Box 1492, El Paso, TX 79978 P.ge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. YES Dec 1953 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 Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth 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 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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Choke Size Length of Test Water - Bble. Gas - MCF Actual Prod. During Test Oil - Bbis. **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE DEC I hereby certify that the rules and regulations of the Oil Conservation APPROVED. Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Orig. Signed by Jerry Sexton Dist 1. Supr 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. Authorized Agent 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. October 31. 1979

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