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| | 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 ARCO Oil and Gas Company - Division of Atlantic Richfield Company | |
| Address P. O. Box 1710, Hobbs, New Mexico 88240 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Operator Name effective: 4-1-79 |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Casinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner _____

| | | |
|---|---|--|
| DESCRIPTION OF WELL AND LEASE | | |
| Lease Name wells wn | Well No. 1 Pool Name, Including Formation Jalmat Yates Gas | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East | | |
| Line of Section 6 , Township 25S Range 36E , NMPM, Lea County | | |

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| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| 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. 1384 JAL NM 88252 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| | yes unknown |

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

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| V. COMPLETION DATA | |
| Designate Type of Completion - (X) | Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. |
| Date Spudded No Change | 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 |
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| 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 for full 24 hours) | |
| Date First New Oil Run To Tanks No Change | 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 |

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

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| I. 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. | |
| APPROVED APR 10 1979 | |
| BY Jerry S. Latham | |
| TITLE SUPERVISOR DISTRICT I | |
| 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. | |
| District Prod. & Drlg. Supt. (Signature) | |
| District Prod. & Drlg. Supt. (Title) | |
| 3-8-79 (Date) | |