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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRORATION OFFICE       |     |

NEW MEXICO OIL CONSERVATION COMMISS  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|  |   |
|--|---|
| Operator<br>JOHN H. HILL   |   |
| Address<br>313 E. Anderson Lane - Suite 332, Austin, Texas 78752 |   |
| Reason(s) for filing (Check proper box)                          | Other (Please explain)  |
| New Well <input checked="" type="checkbox"/>                     | Change In Transporter of:   |
| Recompletion <input type="checkbox"/>                            | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change In Ownership <input type="checkbox"/>                     | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of ownership give name and address of previous owner   |   |

|   |  |               |   |  |     |           |
|---|--|---------------|---|--|-----|-----------|
| Lease Name<br>Harrison  |  | Well No.<br>1 | Pool Name, Including Formation<br>Langlie Mattix-7 Rivers Queen | Kind of Lease<br>State, Federal or Fee | Fee | Lease No. |
| Location<br>Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>860</u> Feet From The <u>East</u><br>Line of Section <u>7</u> Township <u>25S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County |  |               |   |  |     |           |

|  |           |  |             |             |                                  |      |
|--|-----------|--|-------------|-------------|----------------------------------|------|
| 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) |             |             |                                  |      |
| The Permian Corporation  |           | Box 1183, Houston, Texas 77001   |             |             |                                  |      |
| 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<br>A | Sec.<br>7  | Twp.<br>25S | Rge.<br>37E | Is gas actually connected?<br>No | When |

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

|   |   |  |                                   |  |                                   |                                 |                                    |                                      |                                       |
|---|---|--|-----------------------------------|--|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X)  |   | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Restv. <input type="checkbox"/> | Diff. Restv. <input type="checkbox"/> |
| Date Spudded<br>12-8-73   | Date Compl. Ready to Prod.<br>3-5-74            | Total Depth<br>3642                          |                                   | P.B.T.D.<br>3626                             |                                   |                                 |                                    |                                      |                                       |
| Elevations (DF, RKB, RT, GR, etc.,<br>3182GR, 3191KB  | Name of Producing Formation<br>7 Rivers - Queen |  | Top Oil/Gas Pay<br>3256           |  | Tubing Depth<br>3496              |                                 |                                    |                                      |                                       |
| Perforations 3257, 3278, 3309, 3315, 3337, 3362, 3433, 3436, 3472, 3491, 3499 & 3513 (Total 12) |   | Depth Casing Shoe<br>3636                    |                                   |  |                                   |                                 |                                    |                                      |                                       |
| TUBING, CASING, AND CEMENTING RECORD  |   |  |                                   |  |                                   |                                 |                                    |                                      |                                       |
| HOLE SIZE   | CASING & TUBING SIZE                            |  | DEPTH SET                         |  | SACKS CEMENT                      |                                 |                                    |                                      |                                       |
| 11  | 8-5/8   |  | 353                               |  | 175 Class C, 2%CC                 |                                 |                                    |                                      |                                       |
| 7-7/8   | 4-1/2   |  | 3636                              |  | 325 Pasmix & Class C              |                                 |                                    |                                      |                                       |

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<br>2-6-74 | Date of Test<br>3-5-74 | Producing Method (Flow, pump, gas lift, etc.)<br>Pumping |                  |
| Length of Test<br>24 hr.                  | Tubing Pressure        | Casing Pressure  | Choke Size       |
| Actual Prod. During Test                  | Oil - Bbls.<br>30      | Water - Bbls.<br>32                                      | Gas - MCF<br>206 |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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            |

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.

John H. Hill  
(Signature)  
Superintendent  
(Title)  
March 7, 1974  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY John H. Hill

TITLE Superintendent

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 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 C-104 must be filed for each pool in multiply completed wells.