

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|-------------------------------------|
| Operator Convest Energy Corporation | | Well API No. 30-025-09694 |
| Address 2401 Fountain View Dr., Suite 700, Houston, TX 77057 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------|
| Lease Name Everett | Well No. 1 | Pool Name, Including Formation Jalmat T-Y-SR | Kind of Lease 300,000,000 Fee | Lease No. |
| Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>35</u> Township <u>24S</u> Range <u>36E</u> , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Citgo Petroleum Corp. | Address (Give address to which approved copy of this form is to be sent) PQ Box 3758, 1600 One Warren Pl, Tulsa, OK 74102 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Carbon & Gasoline Co. | Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Fort Worth, TX 76102 | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 35 |
| | Twp. 24S | Rge. 26E |
| | Is gas actually connected? Yes | When? 10/57 |

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

IV. 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 | 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 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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.)

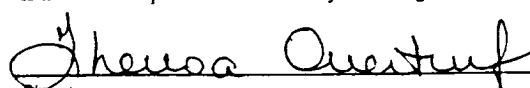
| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Signature
Theresa Overturf Engineering Technician
Printed Name
10/31/91 (713) 780-1952
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10/31/91
By Paul Kautz Geologist
Title

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.

OIL CONSERVATION DIVISION
P. O. BOX 2080
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|-------------------|--|
| NAME OF OPERATOR | |
| OPERATION | |
| LAND OFFICE | |
| TRANSPORTER | |
| OPERATION | |
| PRODUCTION OFFICE | |

ConVest Energy Corporation

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

| | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change in Ownership | <input checked="" type="checkbox"/> | Coalinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

Other (Please explain)

Effective 1/1/82

If change of ownership give name and address of previous owner: Sam D. Ares, Box 763, Hobbs, NM 88240

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|-------------|--------------------------------|-----------------------|----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease ID |
| Everett | 1 | Jalmat | State, Federal or Fee | Fee |
| Location | Unit Letter | 1980 | Feet From The | South |
| | | Line and | | 1980 |
| | | Feet From The | | West |
| Line of Section | 35 | Township | 24 S | Range |
| | | | | 36 E |
| | | | | Lea |

II. 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 | Box 1510, Midland, TEX 79701 | | | | | |
| Name of Authorized Transporter of Coalinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| El Paso Natural Gas Co. | Box 1492, El Paso, TX 79978 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | K | 35 | 24 S | 36 E | Yes | 10/57 |

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

III. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|------------------------------|-----------------|---------------|-------------------|--------|-----------|-----------|-------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Stimulate | Other |
| Date Spudded | Date Cased, Ready to Produce | Total Depth | Perforations | Depth Casing Free | | | | |
| Elevation (F, NAD, K, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Testing Depth | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

IV. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of initial volume of lead oil and must be equal to or exceed top oil rate for this depth or be for full test.)

| | | |
|--------------------------------|------------------|--|
| Date First New Oil Run To Tank | Date of Test | Producing Interval (from pump-out to lift-off) |
| Length of Test | Testing Interval | Casing Interval |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. |
| | | Gas-MCF |

| | | | | |
|--------------------------------|----------------------------|---------------------------|----------------------|-----------------------|
| GAS WELL | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (p, m, l, etc.) | Testing Interval (hr.-in.) | Casing Interval (hr.-in.) | Choke Size | |

V. CERTIFICATION OF COMPLETION

I hereby certify that the rules and requirements of the Oil Conservation Division have been complied with and that the information given above is true and correct to the best of my knowledge and belief.

Agent

1/27/82

OIL CONSERVATION DIVISION

APPROVED

Orig. Signed by
Jerry Sexton
Dist. L. Sup.

TITLE

This form is to be filed in compliance with rules and regulations of the Oil Conservation Division.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a record of the device tests taken to the well in accordance with rules and regulations of the Oil Conservation Division.

All sections of this form must be filled out completely for oil and gas wells and for coalinghead wells.

If this is only sections I, II, III, and IV, for oil and gas wells, this form must be accompanied by other such forms as may be required by the rules and regulations of the Oil Conservation Division.