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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Petroleum Inc. Addres Taylor St. Suite II-A, Fort Worth 76102 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion ☐ Dry Gas Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator BOX 1036 76101 II. DESCRIPTION OF WELL AND LEASE Lease Name Pool Name, Including Formation Kind of Lease State Federal or Fee Lease No. 6. H. Langlie Hattix Seven Rivers 032339-A Queen Gray burg Location 988 Feet From The III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Amborized Transporter of Gil or Condensate Address (Give address to which approved copy of this form is to be sent)

lexaco Inading 1 Tra	DS DONT	ation	INC	<u> </u>	P.O. B	ox 556	8, De	hwen	CO 80	2/7		
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Puso, Tx 79978						
If well produces oil or liquids, give location of tanks.	Unit	S∞. T	\wp. 24	3 Rge.	Is gas actually		When	7 0/	52		-	
If this production is commingled with that if IV. COMPLETION DATA	rom any oth	er lease or po	ol, give co	ommingi	ing order numb						-	
Designate Type of Completion	- (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	l. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form				DI L		Tubing Den	ıh.		_	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	GIBLE_	Tubing Depth
Perforations	1 has has has	UIDEE -	Depth Casing Shoe
	TUBING, CASING AND CE	MENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	·		•

al to or exceed top allowable for this depth or be for full 24 hours.)

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

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

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. Printed Nan Date

OIL CONSERVATION DIVISION APR 2 6 1989

Date Approved. ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

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.

Telephone No.

- 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.

OFFICINAL SIGNAL OF SERVICOR DISTRICT | SUPERVISOR

APR 14 to