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 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 Well API No. Operator 30-025-24999 Tora Oil & Gas Address c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Dry Gas Effective 2/1/89 Recompletion Oil X Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator John Yuronka, P. O. Box 1322, Midland, TX 79702 IL DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Kind of Lease Lease Name States Reducation Fee Langlie Mattix SR-QN-GB Hodges Location 660 Feet From The South Line and 1980 Feet From The _Line Unit Letter _ 37E Section 8 Township 24S Lea Range NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate None - (SWD well or Dry Gas [Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas Twp. Is gas actually connected? Unit Sec. When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Performings TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbis. Oil - Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation OCT 3 0 1989 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved Wenn Holler ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Signature Donna Holler Agent Printed Name Title_ 505-393-2727

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

10-27-89

Date

- 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) FILI OII OIII 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.