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| TRANSPORTER | OIL 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 LMA Production Company | |
| Address c/o Oil Reports & Gas Services, Inc., Box 765, Hobbs, New Mexico 88240 | |
| Reason(s) for filing (Check proper box) | |
| 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"/> |
| Other (Please explain) | |

If change of ownership give name
and address of previous owner

NM-0241

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|---|---------------------------|
| Lease Name Cities Service Federal | Well No. 4 | Pool Name, including Formation Jalmat Seven Rivers | Kind of Lease State, Federal or Fee Federal | Lease No. Above |
| Location Unit Letter P ; 990 Feet From The South Line and 330 Feet From The East Line of Section 35 Township 24 S Range 36 E , 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"/> Texas-New Mexico Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1452, El Paso, Texas 79900 | |
| If well produces oil or liquids, give location of tanks. | Unit I | Sec. 35 |
| | Twp. 24 S | Rge. 36 E |
| | Is gas actually connected? Yes | When 12/8/54 |

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 <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res't. | Diff. Res't. |
| Date Spudded 11/19/75 | Date Compl. Ready to Prod. 12/6/75 | | Total Depth 3450 | | P.B.T.D. 3242 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3252 GR | Name of Producing Formation Seven Rivers | | Top Oil/Gas Pay 3212 | | Tubing Depth 2650 | | | |
| Perforations 3212, 3213, 3214 | | | | | Depth Casing Shoe 3269 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 18 | 12 3/4 | | 30 | | 25 | | | |
| 11 | 8 5/8 | | 868 | | 400 | | | |
| 7 7/8 | 5 1/2 | | 3269 | | 400 | | | |
| | 2 3/8 | | 2650 | | | | | |

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)

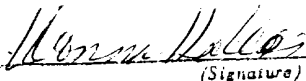
| | | | |
|---|---------------------------------|--|--------------------------|
| Date First New Oil Run To Tanks 12/6/75 | Date of Test 12/15/75 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure --- | Casing Pressure --- | Choke Size --- |
| Actual Prod. During Test 84 | Oil-Bbls. 84 | Water-Bbls. 165 | Gas-MCF 78 |

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. 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.



Agent

(Title)

12/16/75

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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.

INCLINATION REPORT

Field Name _____ County Lea State New Mexico
Operator Ares Production Company & Sac Co. Address P. O. Box 1628; Odessa, Tx. 79760
Lease Name & No. _____ Cities Service #4 Survey _____

RECORD OF INCLINATION

[illegible]

Survey was run in open hole _____. Distance to the nearest lease line _____.

Certification of personal knowledge of Inclination Data:

I hereby certify that I have ~~personal knowledge~~ of the data and facts placed on this form, and that such information given above ~~is true and complete.~~

Signature

Sundance Drilling Corporation
Company

State of Texas)
County of Midland)

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared Frank Swinehart known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (she) (he) executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 16th DAY OF
December 1975.

My Commission Expires:

Notary Public in and for said County and State.

June 1, 1977