

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. <u>30-025-26074</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>Phillips Goldston</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>Jalmit Tansill Yates & R-G</u>

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <u>Tela Production Co.</u>
3. Address of Operator <u>1919 S. Shiloh St. 601 Garland TX 75042</u>
4. Well Location Unit Letter <u>G</u> <u>2310</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line Section <u>26</u> Township <u>24-5</u> Range <u>36-E</u> NMMPM <u>66A</u> County <u></u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>
OTHER <input type="checkbox"/>
PLUG AND ABANDON <input checked="" type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>
OTHER <input type="checkbox"/>
SUBSEQUENT REPORT OF:
REMEDIAL WORK <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>
ALTERING CASING <input type="checkbox"/>
PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Sat cast Iron Bridge Plug above the perfs 3017-3099, Then tubing
circulate 10th brine to fill hole, pump 10 sk plug on top of CIBP,
At the top of the salt + 1100' spot 25 sk cement, spot 10 sk at
surface, cut off casing 2' below plug depth, set marker.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Wallace J. Averett TITLE Engineer DATE 12/12/97

TYPE OR PRINT NAME Wallace Averett TELEPHONE NO. 972-540-344

(This space for State Use)

MAR 10 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Submit 5 Copies
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State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

ORIGINAL

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator TOLA PRODUCTION COMPANY Well API No. 30-025-26074
Address 1419 S Shiloh Rd Suite 601 Garland, TX 75043
9330 LBJ Fwy #840 DALLAS, TX 75243
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas ☐
☒ Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator Meridian Oil Inc

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips Goldston Well No. 1 Pool Name, Including Formation Jalmit Tansill Yates &-R-Q Kind of Lease State, Federal or Fee Lease No. _____
Location Unit Letter G : 2310 Feet From The N Line and 1980 Feet From The E Line
Section 26 Township 24-S Range 36-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) _____
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ 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 Sec. Twp. Rge. Is gas actually connected? When? Yes 10-23-78
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 Resv	Diff Resv
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
Flowing 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 DAVID C. GARDNER PRES.
Printed Name 3-4-93 Title (214) 271-9385
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved DEC 10 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

157/112