STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | BAS | | |
| OPERATOR | | | |
| PROBATION OFFICE | | - | |

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Revised 10-01-78 Format 06-01-83

Separate Forms C-104 must be filed for each pool in multiply completed wells.

| REQUEST FOR ALLOWABLE | | | |
|--|--|--|--|
| AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | |
| Geo Engineering, Inc. | DEGET VED | | |
| P.O. Box 2966, Santa Fe, N.M. 8750/ | | | |
| | ondensate | | |
| If change of ownership give name Red Mountain Assoc. 951 W. Werner Court. Casper, Wyo. 82601 and address of previous owner Red Mountain Assoc. 951 W. Werner Court. Casper, Wyo. 82601 | | | |
| II. DESCRIPTION OF WELL AND LEASE | | | |
| SFP 103 Chaco Was | | | |
| Unit Letter P: 165° Feet From The South Line and 165 Feet From The East | | | |
| Line of Section 21 Township 20 Nr. Range 9 | W. , NMPM, McKinly County | | |
| | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate Plateau, In. | 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) | | | |
| TSTM Box 108 Farmington, N.M. 8740/ | | | |
| If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgs. P 2/ 201 9 ω | Is gas actually connected? When | | |
| If this production is commingled with that from any other lease or pool, give commingling order number: | | | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | | | |
| VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. | APPROVED JUN 1984 19 | | |
| | ouncourses picture 2 | | |
| TITLE SUPERVISOR DISTRICT (| | | |
| If this is a request for a llowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. | | | |
| Tetroleum Engineer Well, this form must be accompanied by a tabulation tests taken on the well in accordance with AULE (fille) All sections of this form must be filled out come able on new and recompleted wells. Fill out only Sections I, II, III, and VI for chemical controls and the controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, and VI for chemical controls are tabulation to the fill out only Sections I, II, III, III, and VI for chemical controls are tabulation to the fill out only Section II. | | | |
| (Date) | 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. | | |