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|------------------|-----|---|---|
| DISTRIBUTION | | | |
| SANTA FE | | 1 | |
| FILE | | 1 | ✓ |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | 1 | |
| | GAS | | |
| OPERATOR | | 2 | |
| 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

R.K. ✓

| | |
|-------------------------------------------------------|-----------------------------------------------------------------------------|
| Operator NORTHERN MINERALS, INC. | |
| Address P. O. Box 2182, Santa Fe, New Mexico 87501 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| 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"/> |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------|--------------------------------------------|-----------|
| Lease Name Santa Fe Pacific | Well No. 8 | Pool Name, Including Formation unnamed - <u>Hospah ss</u> | Kind of Lease State, Federal or Fee FEE | Lease No. |
| Location Unit Letter <u>G</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>16N</u> Range <u>6W</u> , NMPM, <u>McKinley</u> 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"/> Thrift-Way Co. | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N.A. | Address (Give address to which approved copy of this form is to be sent) N.A. | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 29 | Twp. 16N | Rge. 6W | Is gas actually connected? No | When |

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'v. | Diff. Res'v. |
| Date Spudded 9/8/73 | Date Compl. Ready to Prod. 9/28/73 | Total Depth 754' | | P.B.T.D. 754' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6424.9 GR | Name of Producing Formation Hospah ss | Top Oil/Gas Pay 740' | | Tubing Depth 736' | | | | | |
| Perforations open hole 736'754 | | Depth Casing Shoe | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 6 1/2" | 4 1/2", K-55, 10.5#, R-2 casing | | 736 GR | | | | | | |
| | 2 3/8", 4.7#, J-55, R-2 tubing | | 736 GR | | | | | | |

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 9/28/73 | Date of Test 10/8 - 9/73 | Producing Method (Flow, pump, gas lift, etc.) Pump | | OIL CON. COM. DIST. 3 |
| Length of Test 24 hours | Tubing Pressure | Casing Pressure -0- | Choke Size N.A. | |
| Actual Prod. During Test 17 bbls total fluid | Oil - Bbls. 9 | Water - Bbls. 8 | Gas - MCF -0- | |
| | | | | |

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. 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.

Lloyd Davidson
Lloyd Davidson (Signature)
President, Northern Minerals, Inc.

OIL CONSERVATION COMMISSION

APPROVED OCT 30 1973
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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.