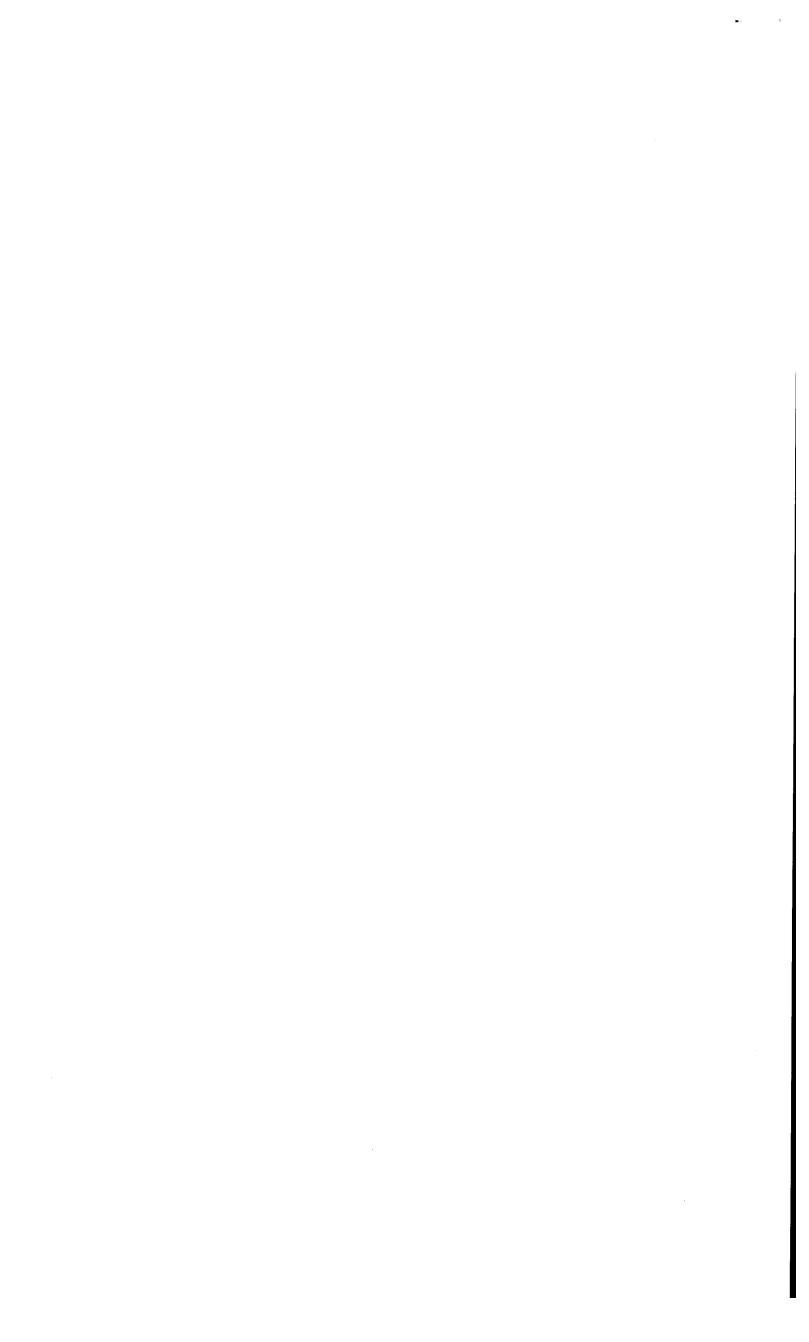
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| DISTRIBUTION | | | |
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| U.S.G.S. | | | |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | | |
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| OPERATOR | | | |
| PRORATION OFFICE | | | <u>L</u> _ |
| A | | | |

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

| AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE IRANSPORTER OIL OPERATOR PRORATION OFFICE Coperator Basin Fuels, Limited Address Suite 300, 300 W. Arrington, Farmington, N.M. 87401 Recson(s) for filing (Check proper box) New We! Change in Transporter of: Recompletion Change in Ownership Costinghead Gas Condensate If change of ownership give name and address of previous owner II change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Noo Navajo State, Federal or Feenoo-C-14-20 Location | |
|--|------------------|
| LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Basin Fuels, Limited Address Suite 300, 300 W. Arrington, Farmington, N.M. 87401 Recoon(s) for filing (Check proper box) New Well Recompletion Oil Recompletion Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Noo Navajo 3 Franciscan Lake MV Noo Navajo | |
| IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator Basin Fuels, Limited Address Suite 300, 300 W. Arrington, Farmington, N.M. 87401 Recoson(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Ondensate Change in Ownership Cosinghead Gas Condensate If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Noo Navajo 3 Franciscan Lake MV State, Federal or Feenoo-C-14-20 | |
| OPERATOR PRORATION OFFICE Operator Basin Fuels, Limited Address Suite 300, 300 W. Arrington, Farmington, N.M. 87401 Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Recompletion Charge in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Noo Navajo 3 Franciscan Lake MV Well No. Pool Name, Including Formation State, Federal or FeeNOO-C-14-20 | |
| Description | |
| Basin Fuels, Limited Address Suite 300, 300 W. Arrington, Farmington, N.M. 87401 Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Recompletion Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Noo Navajo 3 Franciscan Lake MV Noo Navajo | |
| Suite 300, 300 W. Arrington, Farmington, N.M. 87401 Recoson(s) for filing (Check proper box) New We!! Change in Transporter of: Oil Recompletion Change in Ownership Costinghead Gas Condensate If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Noo Navajo 3 Franciscan Lake MV Other (Please explain) Change explain Other (Please explain) Kind of Lease Navajo State, Federal or Feenoo-C-14-20 | 1 |
| Recoson(s) for filing (Check proper box) New We!1 Recompletion Change in Transporter of: Oil X Dry Gas Change in Ownership Cosinghead Gas Condensate If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Noo Navajo 3 Franciscan Lake MV Kind of Lease Navajo State, Federal or Fee _{NOO} -C-14-20 | 1 |
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| Recompletion Change in Ownership If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name Noo Navajo 3 Franciscan Lake MV Dry Gas Condensate Kind of Lease Navajo State, Federal or Feenoo-C-14-20 | |
| Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Lease Name | |
| I. DESCRIPTION OF WELL AND LEASE Lease Name Noo Navajo 3 Franciscan Lake MV Kind of Lease Navajo State, Federal or Feenon-C-14-29 | |
| I. DESCRIPTION OF WELL AND LEASE Lease Name | |
| Noo Navajo 3 Franciscan Lake MV State, Federal or Feenon-C-14-20 | Lease No. |
| NOO NAVAJO | -4402 |
| I LACTION | i |
| Unit Letter G: 1650 Feet From The North Line and 1650 Feet From The East | |
| Broge GW NMPM, McKinley | County |
| Line of Section 13 | |
| I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Or Condensate Address (Give address to which approved copy of this form is to | be sent) |
| Name of Authorized Transporter of Off V | |
| Inland Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to | |
| Page Is gas actually connected? When | |
| If well produces oil or liquids, | |
| give location and with that from any other lease or pool, give commingling order number: | <u> </u> |
| If this production is comminged with that from English Production is comminged with that the English Production is comminged with that the English Production is comminged with that the English Production is comminged with the English Production i | v. Diff. Res'v. |
| Decimals Type of Completion - (X) | |
| Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. | |
| Tubing Depth | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Depth Casing Shoe | |
| Perforations | |
| TUBING, CASING, AND CEMENTING RECORD SACKS CEM | |
| DEPTH SET | ENT |
| HOLE. SIZE CASING & TOBING SIZE | |
| | |
| | |
| V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours) | exceed top allow |
| Olf WFILL | |
| Date First New Cil Run To Tanks | |
| Length of Test Tubing Pressure Casing Pressure Chake Size | |
| Water-Bbls. Gas-MCF | |
| Actual Prod. During Test Oil-Bbls. | |
| | · Jane |
| GAS WELL Bbis. Condensate/MMCF Gravity of Condensate | |
| Actual Prod. Test-MCF/D Length of Test | |
| Toller Method (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Chike Size | |
| resting Markot Iprovi |)N |
| VI. CERTIFICATE OF COMPLIANCE | |
| | . 19 |
| I hereby certify that the rules and regulations of the Oil Conservation Original Signed by FRANK T. CHAVEZ Commission have been compiled with and that the information given Commission have been compiled with and that the information given BY | |
| above is true and complete to the best of the Supervicent Supervic | |
| BASIN FUELS, LIMITED This form is to be filed in compliance with RUL This form is to be filed in compliance with RUL | E 1104. |
| This form is to be filed in compliance which the filed in compliance with | iled or deepen |
| By well, this form must be all accordance with RULE 1 | 11. |
| (Signature) tests taken on the west as must be filled out comp | letely for allo |
| Agent on new and recompleted water | of own |
| H mail all Canting I II, Ills alle ve | nge or condition |
| Fill out only Sections I, II. III, and VI for che well name or number, or transporter, or other such characters. Mate | Door in mmm |



STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| V.1.0.1, | | | | |
| LAND OFFICE | | 1 | | |
| TRANSPORTER | OIL | | | |
| | BAB | | | |
| OPERATOR | | | | |
| PAGRATION OFFICE | | | | |

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

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE

| OPERATOR | | | AND |) | | | A Service Contraction |
|--|-----------------|--|--------------|---------|----------------|--|---------------------------------------|
| PRORATION OFFICE | AUTHOR | RIZATION TO T | _ | | L AND NATU | IRAL GAS | |
| I. | | | | | | | · · · · · · · · · · · · · · · · · · · |
| Operator | | | | | | | |
| Basin Fuels, Limited | | | | | · | | · |
| Address | | | | | | the state of the s | |
| Suite 300, 300 W. Arring | ton, Fa | armington, | NM 87 | 401 | | | |
| Reason(s) for filing (Check proper box) | | | | | Other (Pleas | e capitality | |
| New Well | (777) | n Transporter of: | | _ | | | |
| Recompletion | Ŭ on | | Dry C | | | DEO . | |
| Change In Ownership | Casi | Inghead Gas | Cond | ensale | <u> </u> | | |
| If the second approaching give name | | | | | | | |
| If change of ownership give name and address of previous owner | | | | | | A Section of | |
| | | | | • | | | |
| II. DESCRIPTION OF WELL AND L | EASE | | . | | | Kind of Lease Navajo | Lease No. |
| Lease Name | Well No. | Pool Name, Incl | luging rorn | otion | | State, Federal or Fee. NOO-C- | |
| Noo Navajo | 3 | Francisca | n Lake | MV | | State, Federal of Fee-MOO-C- | -14-10-4402 |
| Location | | | • | | | | |
| Unit Letter G : 1650 | Feet Fro | om The North | Line a | ind | 1650 | Feet From The East | |
| | | | | | | | |
| Line of Section 13 Townsh | 1p 20N | J Aan | nge 61 | W | , NMPM | , McKinley | County |
| | | | | | | • | 1.18 Mg |
| III. DESIGNATION OF TRANSPOR | TER OF | OIL AND NAT | TURAL C | AS | | | = /a aa ka aanat |
| Name of Authorized Transporter of Oil | ot C | ondensate | | d:ess | (Give address | to which approved copy of this for | m is to be senty |
| Conoco, Inc. SULLAC | 1 0/41 | 1000 | 1 | P.O. | Box 1429 | , Bloomfield, NM 874 | 113 |
| Name of Authorized Transporter of Casing | head Gas [| or Dry Gas (| _ ^ | ddress | (Give address | to which approved copy of this for | m is to be sent/ |
| and the second second | | | | | | | <u> </u> |
| If well produces oil or liquids, | it Sec | Twp. | Rge. 1 | s gas a | tually connect | ed? When | |
| | A ; 1 | 13 20N | 6W | | | | |
| If this production is commingled with the | hat from a | ny other lease of | or pool, gi | ve com | mingling orde | r number: | |
| | | | | | | | |
| NOTE: Complete Parts IV and V or | n reverse s | side if necessary | y. | | | | |
| | . <u> </u> | | 1 | | OIL C | ONSERVATION DIVISION | ١ , |
| VI. CERTIFICATE OF COMPLIANCE | E | | | | | | |
| I hereby certify that the rules and regulations of | of the Oil C | onservation Divisio | on have | APPR | OVED | | |
| been complied with and that the information gi | ven is true a | nd complete to the | e pest of | | | Drank . Save | ×/ |
| my knowledge and belief. | | | - !} | BY | | | 0 |
| BASIN FUELS, LIMITED | | | - 11 | TITLE | £ | SUPERVISOR DIS | Thui 報 · |
| 4 | / | | | | . 4 - 4 10 40 | be filed in compliance with | BUL# 1104. |
| 9/2000 | 7, ~1 | 6 - 1 | - 11 | 73 | his form is to | uest for allowable for a newly | dettled or dê\$B\$R\$ |
| Agent Signature | TICAC | <u> </u> | | | his form mus | t be accompanied by a labulat | tou of the danimits |
| ngene (mg | , | | - 11 | tests t | sken on the | we <u>ll in</u> accordance with RUL | K 111. |
| (Title) | | ······································ | | . Al | l sections of | this form must be filled out co | ompietely for allor |
| 111-27 | 184 | | - 11 | | | completed wells. Sections I, II, III, and VI for | changes of owner |
| (Date) | //// | | - , | well na | ime or number | , or transporter, or other such c | UBUER OF COURTIES |
| | | | | Se | parate Forms | C-104 must be filed for each | ch pool in multipl |
| • | | | H . | comple | ted wells. | | |