STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| **. ** ***** *** | **** | | |
|------------------|------|--|--|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.B.O.B. | | | |
| LAND OFFICE | | | |
| TRANSPORTER OIL | | | |
| | GAS | | |
| OPERATOR | | | |
| PROBATION OFFICE | | | |

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

Format 06-01-83) EGEIVEM

Form C-104 Revised 10-01-78

| | T | | | | | | | /V/) L | S // 1: |
|--|----------------------------|---|--|---------------------------------------|---------------------------------------|---------------|------------------|------------------------|----------------|
| TRANSPORTER | DIL | | - | REQUEST FOR ALLOWABLE | | | | | |
| OPERATOR | | | 7 | AND 01 (387 | | | | | |
| PROBATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | | | | |
| PROMATION OFFICE REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OVERATION AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OUT OUT OUT OUT OUT OUT OUT OU | | | | | | | | | |
| Operator | | | | | | | | ~'. <i>3</i> | · - |
| 1 | Bada | a Pe | troleum | Corp. | | | | | |
| Address | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | 1099 | 1 1 2 | th Stre | et - 295 | 0. Denve | er CO | 80202 | | |
| Reason(s) for li | | | | | 707 20 | | Other (Please | explain) | |
| | ling (C | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Change in Tra | annorter of: | | | • | |
| Now Well | | | | | insporter of. | 7 per Car | | | |
| Recomplets | Recompletion X OII Dry Gas | | | | | | | | |
| X Change in | Owners | hip | | Casinghe | od Gae | Condensate | J | | |
| | | | | | | | | | |
| f change of ow | nersh | ip giv | e name | Capita] | L Oil & (| Gas Cor | o., PO B | <u>ox 1038, Kilgor</u> | e TX |
| and address of | bieni | ous ov | ·iiei | | | | | | |
| II. DESCRIPT | TON! | OE W | TELL AND I | FASF | | | | | |
| Legge Name | ION | Or w | ELL AND I | Well No. Poo | l Name, Includi | ng Formation | | Kind of Lease | Lease No. |
| | | | | | te L-6469 | | | | |
| | Stai | <u>-e</u> | | <u> </u> | Miguei | Creek, | Garrap | | <u> </u> |
| Location | | | • | | | | | | |
| Unit Letter W :990 Feet From The North Line and 330 Feet From The South | | | | | | | | | |
| O 201101_ | - | - \ | | | | _ | | | _ |
| Line of Sect | lon | 16 | Towns | 16N | Range | 6W | , NMPM | . McKinley | County |
| Cline of Section | | | | | | | | | |
| III DESIGNA | יחדי | N OF | TD A NISDOI | TER OF OIL | AND NATU | RAL GAS | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate | | | | | | | | | |
| | | | | | | | | | |
| C 1 (N | | | | | | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) | | | | | | | | | |
| ting Sec. Two. Rge. is gas actually connected? , When | | | | | | | | | |
| [[well produce | | . House | Ui | nit Sec. | Twp. Rge | . Is gos o | ectually connect | •a, anen | |
| give location o | i tanke | . 11401¢ | | D ! 16 | ; 16N ; 6 | W | | | |
| | | | | hat from any of | · · · · · · · · · · · · · · · · · · · | sol give cor | omingling orde | r number: | |
| if this producti | on is | comm | ingled with t | hat from any of | iner lease or p | GOT' RILE CO! | | | |

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

| Total a Milker |
|----------------------------|
| Ralph R. Wilkersofienerwe) |
| Vice-President, Production |
| 11/2/4) (Title) |

(Date)

OIL CONSERVATION DIVISION

| APPROVED | - NOV 0.5.1987 |
|----------|--------------------|
| BY | Srank Lave |
| TITLE | SUPERVISOR OSTRICT |

This form is to be filed in compliance with NULE 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 MULE 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. Separate Forms C-104 must be filed for each pool in multiply

completed wells.

| Designate Type of Completi | on – (X) | , her was a people | Pring Duck Same Heavy, Ditt. Heavy | |
|--------------------------------------|---|--|---|--|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| Elevetions (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 OIL WELL | FOR ALLOWABLE (Test must be able for this | e after recovery of total volume of load depth or be for full 24 hours) | i oll and must be equal to or exceed top allow | |
| Date First New Oil Run To Tanks | Date of Teet | Producing Method (Flow, pump, gas lift, etc.) | | |
| Length of Test | Tubing Pressure | Cosing Pressure | Choke Size | |
| Actual Prod. During Test | Oil - Bbis. | Water - Bbls. | Gas - MCF | |
| GAS WELL | <u> </u> | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate | |
| Teeling Method (pitot, back pr.) | Tubing Pressure (Shut-is) | Coming Pressure (Shut-im) | Choke Size | |

IV. COMPLETION DATA