IL.

V.

## OIL CONSERVATION DIVISION

| DISTRIBUTION                                                                                                                                                                                                                                           | P. O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BOX 2088                                                                                                                                                                                  |                                                                                                    |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------|
| SANTA PE                                                                                                                                                                                                                                               | SANTA FE, N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | IEW MEXICO 87501                                                                                                                                                                          |                                                                                                    |                                         |
| U.S.G.S.                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
| LAND OFFICE                                                                                                                                                                                                                                            | DEGULEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 505 41 1 0 11 1 5                                                                                                                                                                         |                                                                                                    |                                         |
| TRANSPORTER GAS                                                                                                                                                                                                                                        | KEGUES!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FOR ALLOWABLE                                                                                                                                                                             |                                                                                                    |                                         |
| OPERATOR                                                                                                                                                                                                                                               | AUTHORIZATION TO TRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AND<br>INSPORT OIL AND NATURAL GA                                                                                                                                                         | •                                                                                                  |                                         |
| PROBATION OFFICE                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ASPORT OIL AND NATURAL GA                                                                                                                                                                 | 3                                                                                                  |                                         |
| Operator                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
|                                                                                                                                                                                                                                                        | Caulkins Oil Compar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ıy                                                                                                                                                                                        |                                                                                                    |                                         |
| Address                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
|                                                                                                                                                                                                                                                        | P.O. Box 780 Farmin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ngton, New Mexico                                                                                                                                                                         |                                                                                                    |                                         |
| Reason(s) for filing (Check proper                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other (Please explain)                                                                                                                                                                    |                                                                                                    |                                         |
| New Weil                                                                                                                                                                                                                                               | Change in Transporter of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _                                                                                                                                                                                         |                                                                                                    |                                         |
| Recompletion                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Gas                                                                                                                                                                                       |                                                                                                    |                                         |
| Change in Ownership                                                                                                                                                                                                                                    | Casinghead Gas Con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ndensate X                                                                                                                                                                                |                                                                                                    |                                         |
| If change of ownership give nar                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
| and address of previous owner_                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
| • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    | ,                                       |
| Legge Name                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
|                                                                                                                                                                                                                                                        | Well No. Pool Name, Including                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Formation Kind of L                                                                                                                                                                       | .eqse                                                                                              | cse N                                   |
| Reuter                                                                                                                                                                                                                                                 | 321   Basin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Dakota State, Fe                                                                                                                                                                          | deral or Fee Federal NMC                                                                           | 3552                                    |
|                                                                                                                                                                                                                                                        | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                                                                                                                                                                         |                                                                                                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Unit Letter M ;                                                                                                                                                                                                                                        | 1150 Feet From The South                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Line and 1150 Feet Fr                                                                                                                                                                     | om The West                                                                                        |                                         |
| 15                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | **************************************                                                                                                                                                    |                                                                                                    |                                         |
| Line of Section 15                                                                                                                                                                                                                                     | Township 26 North Range                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6 West , NMPM, R                                                                                                                                                                          | io Arriba                                                                                          | Count                                   |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
| DESIGNATION OF TRANSPO                                                                                                                                                                                                                                 | ORTER OF OIL AND NATURAL O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                           |                                                                                                    |                                         |
| Name of Authorized Transporter of                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                         | proved copy of this form is to be se                                                               | ent)                                    |
| Giant Refinery                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P.O. Box 256 F                                                                                                                                                                            | armington, New Mexico                                                                              |                                         |
| Name of Authorized Transporter of                                                                                                                                                                                                                      | <del>-</del> , <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address (Give address to which ap                                                                                                                                                         | proved copy of this form is to be se                                                               | mt)                                     |
| Gas Company of                                                                                                                                                                                                                                         | New Mexico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1508 Pacific A                                                                                                                                                                            | ve. Dallas, Texas                                                                                  |                                         |
| If well produces oil or liquids,                                                                                                                                                                                                                       | Unit Sec. Twp. Rge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Is gas actually connected?                                                                                                                                                                | When                                                                                               |                                         |
| give location of tanks.                                                                                                                                                                                                                                | M 15 26N 6W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes                                                                                                                                                                                       | 1962                                                                                               |                                         |
| If this production is commingled                                                                                                                                                                                                                       | with that from any other lease or pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | give comminglish ander sumbon                                                                                                                                                             |                                                                                                    |                                         |
| COMPLETION DATA                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A Bar a annumbring along Hambel.                                                                                                                                                          |                                                                                                    |                                         |
| Designate Time of Comple                                                                                                                                                                                                                               | Ott Well Gas Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | New Well Workover Deepen                                                                                                                                                                  | Plug Back Same Res'v. Di                                                                           | L. Res                                  |
| Designate Type of Comple                                                                                                                                                                                                                               | tion — (A)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                           |                                                                                                    |                                         |
| 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                                                                                                                                                                           | Tuhing Depth                                                                                       |                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
| Periorations                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           | Depth Coming Shoe                                                                                  |                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
|                                                                                                                                                                                                                                                        | TUBING, CASING, AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D CEMENTING RECORD                                                                                                                                                                        |                                                                                                    | ·                                       |
| HOLE SIZE                                                                                                                                                                                                                                              | CASING & TUBING SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DEPTH SET                                                                                                                                                                                 | SACKS CEMENT                                                                                       |                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           | JACKS CEMENT                                                                                       |                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           | SACKS CEMENT                                                                                       |                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           | 3ACR3 CEMENT                                                                                       |                                         |
|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           | 3ACKS CEMENT                                                                                       |                                         |
| TEST DATA AND REQUEST                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |                                                                                                    |                                         |
| TEST DATA AND REQUEST                                                                                                                                                                                                                                  | FOR ALLOWABLE (Test must be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | after recovery of total volume of load a epth or be for full 24 hours)                                                                                                                    |                                                                                                    | op ello                                 |
|                                                                                                                                                                                                                                                        | FOR ALLOWABLE (Test must be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | epth or be for full 24 hours)                                                                                                                                                             | il and must be equal to or exceed t                                                                | op ello                                 |
| OIL WELL                                                                                                                                                                                                                                               | FOR ALLOWABLE (Test must be able for this d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | after recovery of total volume of load a lepth or be for full 24 hours)  Producing Method (Flow, pump, gas                                                                                | il and must be equal to or exceed t                                                                | op ella                                 |
| OIL WELL                                                                                                                                                                                                                                               | FOR ALLOWABLE (Test must be able for this d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | epth or be for full 24 hours)                                                                                                                                                             | il and must be equal to or exceed t                                                                | op ella                                 |
| OIL WELL Dete First New Oil Run To Tonke                                                                                                                                                                                                               | FOR ALLOWABLE (Test must be able for this di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Producing Method (Flow, pump, gas                                                                                                                                                         | il and must be equal to or exceed to lift, etc.)                                                   | or ello                                 |
| OIL WELL Date First New Oil Run To Tonks                                                                                                                                                                                                               | FOR ALLOWABLE (Test must be able for this di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Producing Method (Flow, pump, gas                                                                                                                                                         | ill and must be equal to or exceed to                                                              | op ello                                 |
| OIL WELL Date First New Oil Run To Tonks Langth of Teet                                                                                                                                                                                                | FOR ALLOWABLE (Test must be able for this de Date of Test.  Tubing Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Producing Method (Flow, pump, gas  Casing Pressure                                                                                                                                        | il and must be equal to or exceed to lift, etc.)                                                   | or ello                                 |
| OIL WELL Date First New Oil Run To Tonks Langth of Teet                                                                                                                                                                                                | FOR ALLOWABLE (Test must be able for this de Date of Test.  Tubing Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Producing Method (Flow, pump, gas  Casing Pressure                                                                                                                                        | Choice Size                                                                                        | op alice                                |
| OIL WELL Date First New Oil Run To Tonks Length of Teet Actual Prod. During Teet                                                                                                                                                                       | FOR ALLOWABLE (Test must be able for this de Date of Test.  Tubing Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Producing Method (Flow, pump, gas  Casing Pressure                                                                                                                                        | il and must be equal to or exceed to lift, etc.)                                                   | op allo                                 |
| OIL WELL Date First New Oil Run To Tonke Longth of Test Actual Prod. During Test                                                                                                                                                                       | FOR ALLOWABLE (Test must be able for this de Date of Test.  Tubing Pressure  Oil-Bhis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bhis.                                                                                                                           | Choke Size FIVE                                                                                    | or allo                                 |
| OIL WELL Date First New Oil Run To Tonks Length of Teet Actual Prod. During Teet  GAS WELL                                                                                                                                                             | FOR ALLOWABLE (Test must be able for this de Date of Test.  Tubing Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Producing Method (Flow, pump, gas  Casing Pressure                                                                                                                                        | Choice Size                                                                                        |                                         |
| OIL WELL Date First New Oil Run To Tonks Length of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D                                                                                                                                   | FOR ALLOWABLE (Test must be able for this de able for thi | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bhis.  Bhis. Condensate/MMCF                                                                                                    | Choice Size  Choice Size  Choice Size  Gravity of Condensate                                       |                                         |
| OIL WELL Date First New Oil Run To Tonks Length of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D                                                                                                                                   | FOR ALLOWABLE (Test must be able for this de Date of Test.  Tubing Pressure  Oil-Bhis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bhis.                                                                                                                           | Choke Size FIVE                                                                                    | op ello                                 |
| OIL WELL  Date First New Oil Run To Tonks  Length of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D  Teeting Method (pitot, back pr.)                                                                                               | FOR ALLOWABLE (Test must be able for this de able for thi | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bhis.  Bhis. Condensate/MMCF  Casing Pressure (Shet-is)                                                                         | Choke Size  Gravity of Condensate  Choke Size                                                      | op ello                                 |
| OIL WELL  Date First New Oil Run To Tonks  Length of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D  Teeting Method (pitot, back pr.)                                                                                               | FOR ALLOWABLE (Test must be able for this de able for thi | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bhis.  Bhis. Condensate/MMCF  Casing Pressure (Shub-is)                                                                         | Choke Size  Gravity of Condensate  Choke Size                                                      | op ello                                 |
| OIL WELL  Date First New Oil Run To Tunks  Length of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D  Teeting Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN                                                                      | FOR ALLOWABLE (Test must be able for this de able for thi | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bhis.  Bhis. Condensate/MMCF  Casing Pressure (Shub-is)  OIL CONSERVA                                                           | Choke Size  Gravity of Condensate  Choke Size                                                      | or ello                                 |
| OIL WELL  Date First New Oil Run To Tunks  Langth of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D  Teeting Method (picot, back pr.)  CERTIFICATE OF COMPLIAN  hereby certify that the rules and                                   | FOR ALLOWABLE (Test must be able for this de able for thi | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bhis.  Bhis. Condensate/MMCF  Casing Pressure (Shet-is)                                                                         | Choke Size  Gravity of Condensate  Choke Size                                                      |                                         |
| OIL WELL  Date First New Oil Run To Tunks  Length of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D  Teeting Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  hereby certify that the rules and livision have been compiled with  | FOR ALLOWABLE (Test must be able for this de able for this de la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bhis.  Bhis. Condensate/MMCF  Casing Pressure (Shub-is)  OIL CONSERVA                                                           | Choke Size  Gravity of Condensate  Choke Size                                                      |                                         |
| OIL WELL  Date First New Oil Run To Tonks  Length of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D  Teeting Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  hereby certify that the rules and livising have been compiled with  | FOR ALLOWABLE (Test must be able for this de able for thi | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bhis.  Bhis. Condensate/MMCF  Casing Pressure (Shet-is)  OIL CONSERVA  APPROVES  BY                                             | Choice Size  Choice Size  Choice Size  Choice Size  Choice Size  Choice Size  ATION DIVISION  1983 | op ello                                 |
| OIL WELL  Date First New Oil Run To Tunks  Length of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D  Teeting Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  hereby certify that the rules and livision have been compiled with  | FOR ALLOWABLE (Test must be able for this de able for this de la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bhis.  Bhis. Condensate/MMCF  Casing Pressure (Shub-is)  OIL CONSERVA                                                           | Choice Size  Choice Size  Choice Size  Choice Size  Choice Size  Choice Size  ATION DIVISION  1983 | op ello                                 |
| OIL WELL  Date First New Oil Run To Tunks  Length of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D  Teeting Method (pilot, back pr.)  CERTIFICATE OF COMPLIAN  hereby certify that the rules and bivision have been complied with  | FOR ALLOWABLE (Test must be able for this de able for this de la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shab-is)  OIL CONSERVA APPROVES  BY  SUPERVISOR DIS                              | Choice Size  Choice Size  Choice Size  Choice Size  Choice Size  ATION DIVISION  1983              | op ello                                 |
| OIL WELL  Date First New Oil Run To Tonks  Length of Teet  Actual Prod. During Teet  GAS WELL  Actual Prod. Teet-MCF/D  Teeting Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN  Thereby certify that the rules and Division have been complied with | FOR ALLOWABLE (Test must be able for this de able for this de la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Producing Method (Flow, pump, gas  Casing Pressure  Water-Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shab-is)  OIL CONSERVA APPROVES  BY  SUPERVISOR DIS  This form is to be filed in | Choice Size  Choice Size  Choice Size  Choice Size  Choice Size  Choice Size  ATION DIVISION  1983 |                                         |

| Charles Derauer  |
|------------------|
| (Signature)      |
| Superintendent ' |
| (Title)          |

8-8-83

(Dete)

tests taken on the well in accordance with RULE 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.