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| U.S.G.3.                             |     |   |   |  |
| LAND OFFICE                          |     |   |   |  |
| TRANSPORTER                          | OIL |   | · |  |
|                                      | GA3 |   |   |  |
| PRORATION OFFICE                     |     | / | † |  |
|                                      |     |   | + |  |

## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe. New Mexico

(Form C-104) Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWAPLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

|                            |               |                                       | (Place) (Date)   |
|----------------------------|---------------|---------------------------------------|--|
| WE ARE                     | HEREBY        | REQUEST                               | ING AN ALLOWABLE FOR A WELL KNOWN AS:  |
| Concol                     | idated di     | l & Gas                               | Inc. 2071, Well No. 2-5, in M. 1/4, Std. 1/4,  |
| ( (                        | ompany or C   | perator)                              | (Lease)  |
| Unit                       | Letter        | · · · · · · · · · · · · · · · · · · · | T. 26 N., R. 23 NMPM., Pool  |
| Rio Ar                     | riba          |                                       | County. Date Spudded. 1 Date Drilling Completed  |
| Ple                        | ase indicate  | location:                             | Elevation Total Depth 575 PBTD 20098   |
| D                          | C B           | A                                     | Top Oil/Gas Pay 6092 Name of Prod. Form. Gaverda   |
| E                          | F G           | H                                     | Perforation 6092_510/4, 6206_5210, 6228_5238, 6252_5256, 6262_5266,  |
|                            |               |                                       | Open Hole Casing Shoe 8513 Tubing 6070   |
| L                          | K J           | I                                     | OIL WELL TEST - Choke  Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size  |
| M                          | N O           | P                                     | Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of  |
|                            |               |                                       | load oil used):bbls.oil,bbls water inhrs,min. Size   |
|                            |               |                                       | Natural Prod. Test: MCF/Day; Hours flowed Choke Size   |
|                            | (FOOTAGE)     | menting Reco                          |  |
| Size                       | Feet          | Sax                                   | Test After Acid or Fracture Treatment: 1163 MCF/Day; Hours flowed 3  |
| 13 3/8                     | 3(1)          | 270                                   | Choke Size 3/4 Method of Testing: one point beek processes   |
| 8 5/8                      | 4312          | 285                                   | Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 100 00 00 000 000 000 000 000 000 000 |
| 5 1/2                      | 8513          | 415                                   | Casing Tubing Date first new Press. 1153 Press. 1153 oil run to tanks  |
| 1"                         | 6070          |                                       | Oil Transporter La Mar Trucking Inc.   |
| Remarks:                   |               |                                       | Gas Transporter Fl Faso Natural Gas Co.  |
| Remarks:                   |               |                                       | APR13 1964   |
|                            |               |                                       | CON. COM.  |
| I here                     | eby certify t | ha, the info                          | ormation given above is true and complete to the best of my knowledge.   |
| Approved.                  | with T S      | 1304                                  | , 19 Consolidated Oil & Gas Inc. (Company or Operator)   |
| C                          | IL CONSE      | RVATION                               | COMMISSION By: Misman (Signature)  |
| By: Ori                    | ginal Sign    | ned Emer                              | ry C. Arnold  Title Send Communications regarding well to:   |
| Title Supervisor Dist. # 3 |               |                                       | Name Doc olidated Oil & to Inc.  |
|                            |               |                                       | Address P.O. box 2003 Paradagion, New Mex.   |