**************************************	Elvao	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-85 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Tenneco Oil Company P.O. Box 3249 Englewood, CO 80155 Other (Please explain) Reason(s) for filing (Check proper box) New Well OII Dry Gas Change in Ownership Condensate X If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Jicarilla Cont 109 Jicarilla B State, Federal or Fee Indian 6 Basin Dakota 1650 Feet From The South Line and 1650 Feet From The West Line of Section 22 Township 26N Range 5W , NMPM, County Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Gary Energy Corporation 4 Inverness Ct.East Englewood, CO 80112-5591 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 💢 Northwest Pipeline P. O. Box 90, Farmington, N. M. 87401 Sec. Is gas actually connected? If well produces oil or liquids, K !22 give location of tanks. 26N : 5W If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back | Same Res'v. Diff. Res'v. Oil Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Tubing Pressure Cosing Pressy Length of Test OCT 11 1989 - MCF Oil - Bble. Water - Bble. Actual Prod. During Test OIL CON. DIV. **GAS WELL** DIST. Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Cosing Pressure (Shut-is) Choke Stre Testing Method (pitot, back pr.) Tubing Pressure (Shut-is) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. APPROVED SUPERVISOR DISTRICT 3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. Vieman All sections of this form must be filled out completely for allowable on new and recompleted wells. Administrative Supervisor (Tule)

10/10/84

(Date)

Fill out only Sections I. II. III, and VI for changes of owner, name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply