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| PRODUCTION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | |
|---|---|
| Operator Aztec Oil & Gas Company | |
| Address P. O. Drawer 570, Farmington, New Mexico 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner: Aztec Oil & Gas Company, P. O. Drawer 570, Farmington, New Mexico 87401

| | | | |
|-------------------------------|-------------------------------------|------------------------------------|----------------------|
| DESCRIPTION OF WELL AND LEASE | | Kind of Lease | Lease No. |
| Lease Name Jicarilla "101" | Well No. #3 | Jicarilla State, Federal or Fee | Apache Contract-101 |
| Location | | | |
| Unit Letter N | 940 Feet From The South Line and | 1990 Feet From The West | |
| Line of Section 1 | Township 26 North | Range 4 West | County Rio Arriba |

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| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | | P. O. Box 108, Farmington, New Mexico 87401 | |
| Plateau, Inc. | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) | |
| Gas Company of New Mexico | | First International Bldg., Dallas, Texas 75270 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. |
| | | | Ege. |
| | | | Is gas actually connected? |
| | | | When |

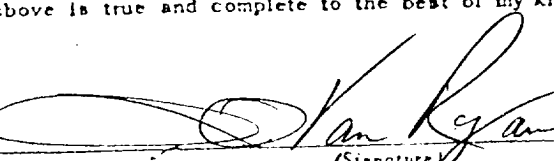
If this production is commingled with that from any other lease or pool, give commingling order number:

| | | | | | | | | | |
|------------------------------------|-----------------------------|-------------------|----------|--------------|----------|--------|-----------|-------------|--------------|
| COMPLETION DATA | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Designate Type of Completion - (X) | | | | | | | | | |
| 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 | | Tubing Depth | | | | | |
| Perforations | | Depth Casing Shoe | | | | | | | |

| | | | |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
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|--|-----------------|---|------------|
| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL | | (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL | | Bbls. Condensate/MMCF | Gravity of Condensate |
| Actual Prod. Test - MCF/D | Length of Test | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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| CERTIFICATE OF COMPLIANCE | OIL CONSERVATION COMMISSION |
| 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 _____, 19____ |
|  District Superintendent (Title) | BY Original Signed by A. R. Kendrick |
| October 29, 1976 | TITLE SUNDAY DIST. 23 |
| | 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. |
| | 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. |