

| | |
|----------------|-----|
| NO. OF DEPT. | |
| TRANSPORTER | OIL |
| | GAS |
| FORMATION | |
| ORATION OFFICE | |
| VISION | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CONSOLIDATED OIL & GAS, INC.

P.O. BOX 2038, FARMINGTON, NEW MEXICO 87401

| | |
|--|--|
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| Well <input type="checkbox"/> | |
| Completion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Casinghead Gas <input type="checkbox"/> | Condensate <input checked="" type="checkbox"/> |

Change of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------|-------------|---|------------------------------------|---|
| Well Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| HURON | 2-E | BS MESA GALLUP | JIC. APACHE XXXXXXXXXXXX INDIAN | 09-000101 |
| Location | Unit Letter | M : 1120 Feet From The S Line and 980 Feet From The W | Line of Section | 2 Township 26N Range 4W , NMPM, RIO ARRIBA County |

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| GIANT REFINERY | P.O. BOX 256, FARMINGTON, NEW MEXICO 87401 |
| 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 | P.O. BOX 398, BLOOMFIELD, NEW MEXICO 87401 |
| Well produces oil or liquids, location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| M 2 26N 4W | Yes |

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

COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Is Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| Variations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| Variations | | | Depth Casing Shoe | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE 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)

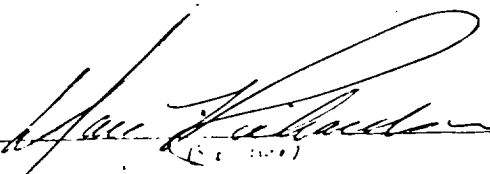
| | | |
|----------------------------|-----------------|---|
| First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |

S WELL

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


Charles Gholson

OIL CONSERVATION DIVISION

APPROVED JUN 21 1982
Original Signed by CHARLES GHOLSON
BY
TITLE

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 test taken on the well in accordance with RULE 1111.

This form must be filed in compliance with RULE 1104.