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| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | / |
| OPERATOR | | / |
| PRORATION OFFICE | | |

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

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|---|---|
| Operator Tenneco Oil Company | |
| Address 1860 Lincoln St., Suite 1200, Denver, Colorado 80203 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Addition of another transporter of gas. |
| Recompletion <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 type="checkbox"/> |

If change of ownership give name and address of previous owner

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|--|---------------|--|---|
| DESCRIPTION OF WELL AND LEASE | | *Cont. 14-20-603-1433 | |
| Lease Name Canyon | Well No. 7 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Indian |
| Lease No. * | | | |
| Location | | | |
| Unit Letter 0 : 790 Feet From The South Line and 1450 Feet From The East | | | |
| Line of Section 15 Township 25N Range 11W , NMPM, San Juan County | | | |

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| DESIGNATION 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) | | |
| Thriftway | 2011 E. Main, Farmington, N.M. 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) | | |
| El Paso Natural Gas Company | Box 990, Farmington, N. M. 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 | Box 750, Farmington, N. M. 87401 | | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 15 | Twp. 25N |
| | Pge. 11W | Is gas actually connected? Yes | |
| | | When January, 1976 | |

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

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|--------------------------------------|-----------------------------|----------------------|----------|-----------|----------|-------------------|-----------|-------------|--------------|
| 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 |

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

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| 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. | |
| <div>Signature</div> <div>Division Production Manager</div> <div>Title</div> <div>Date</div> | |

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| OIL CONSERVATION COMMISSION | |
| APPROVED _____, 19 _____ | |
| 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 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. | |