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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Mobil Producing Texas & New Mexico Inc. 9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reason(s) for filing (Check proper liox) Other (Please explain) New Well Change in Transporter of: To change Operator name from Mobil Oil Recompletion Oil Dry Gas Corporation. Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980) If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Jicarilla 1-A Blanco Mesa Verde Federal State, Federal or Fee Location South Line and _ 990 790 East Feet From The Unit Letter Feet From The Range 3-W 35 27-N Rio Arriba Township , NMPM, Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | or Condensate | XXX | Address (Give address to which approved copy of this form is to be vent) Plateau, Inc.
Name of Authorized Transporter of Casinghead Gas or Dry Gask Box 108 Farmington, NM 87401
Address (Give address to which approved copy of this form is to be sent) 30th St, F Northwest Pipeline Corporation Farmington, NM 87401 Unit If well produces oil or liquids, 35 . 3W 27N YES give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: 2400 IV. COMPLETION DATA Oil Well Gas Well Workover Deepen Plug Back | Same Res'v. Diff. Res'v. New Well Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Tubing Depth Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (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) 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 Casing Pressure Length of Test Tubing Pressure Water - Bbis. Oil-Bhis. Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravit Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE OCT 2 - 15/9 _, 19 _ 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. Original Signed by FRANK T. CHAVEZ DEPUTY CIL & GAS INSPECTOR, DIST. #3 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. (Title) 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. October 31 1979 (Date)

Separate Forms C-104 must be filed for each pool in multiply