

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|----------------|--|
| LAND OFFICE | |
| TRANSPORTER | |
| OPERATION | |
| PERMITS OFFICE | |

Jicarilla Energy Company ATTN: Thurman Velarde

Address P.O. Box 507 Dulce, New Mexico 87528

| | |
|---|------------------------|
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Effective 7/1/80 |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input checked="" type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | |
| Casinghead Gas <input type="checkbox"/> | |
| Dry Gas <input type="checkbox"/> | |
| Condensate <input type="checkbox"/> | |

If change of ownership give name and address of previous owner Palmer Oil and Gas Company Billings, Montana 59103

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|---------------|--------------------------------|--|---------------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| JVA | 7 | Blanco Mesa Verde | Jicarilla State, Federal or Fee Apache | None |
| Location | | | | |
| Unit Letter | Feet From The | | Line and | Feet From The |
| J | 1820 | | South | 1500 East |
| Line of Section | Township | Range | County | |
| 17 | 27N | 2W | NMPM, Rio Arriba | |

I. 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) |
| Inland | 5101 East Main 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) |
| Northwest Pipeline | Box 90 Farmington, New Mexico 87401 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| J 17 27N 2W | Yes 9/8/80 |

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

II. COMPLETION DATA

| | | | | | | | | |
|---|-----------------------------|-----------------|----------|-------------------|--------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | |
| Elevations (D _h , V, 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 |
| | | | |
| | | | |
| | | | |

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

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

MAY 11 1981
OIL CON. COM.
DIST. 3

CERTIFICATE OF COMPLIANCE

I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED MAY 11 1981
BY
SUPERVISOR DISTRICT # 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.

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 Form C-101 must be filed for each pool in multiply completed wells.

President, Jicarilla Apache Tribe

(Title)

5-04-81
(Date)