Form C. 101 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

UNITED THE TOTAL RESEARCE NO. 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well Al'I No. BLEDSOE PETRO CORPORATION Addiess 5850 Bank One Center, 1717 Main Street, Dallas, TX 75201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas X Change in Operator Casinglicad Cas Condensate If change of operator give name

L. P. Moore, Inc., 2922 Hwy 74 -Ste 309, Evergreen, Co. 80439 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. I'ool Name, Including Formation Kind of Lease State Federal or Fee Lease No. Federal R 1 Basin Dakota SF078476 Location Unit Letter __ • 990 Feet From The N Line and 1170 Feet From The Line 15 Township 27N Range 8W , NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) (X) or Condensate Giant Refinery P. O. Box 256, Farmington, NM 87499 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas El Paso Natural Gas P. O. Box 1492, El Paso, TX 79978 If well produces oil or liquids, give location of tanks. Unit Twp. Rge. is gas actually connected? When 7 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen | Plug Back | Same Res'v | Siff Res'v Designate Type of Completion - (X) Date Syndded Date Compl. Ready to Prod. Total Depth P.D.T.D. Elevations (I)F, RKB, RT, GR, etc.) Name of Producing Formation Top Vill Gir Pay Tubing Depth Perfenalieme Depth Casing Slive TUDING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to a exceed top allowable for this depth or be for full 2-1 hours.) Date First New Oil Run To Tank Date of Test Preducing Method (Flow, pump, gas lyt, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Fred. During Test Oil - Dble. Water - Bbla Uss- MCF GAS WELL: Actual Frod, Test - MCI7D Length of Test Bbls. Condensate/MAICF Gravity of Condensate Testing Alchod (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Sliut-in) Uluke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. MAR 2 7 1992 Date Approved _ Bill Ch By_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Michelle.

2-25-92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

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SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

214-742-5800

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number

Production Clerk