i	HO. OF COVIES RECEIVED					
Ŷ	LISTRIBUTION					
i	LANTA FE					
Ì	FILE					
Ì	U.S.G.\$.					
ĺ	LAND OFFICE					
Ì	TRANSPORTER	OIL				
١		GAS				
ı	OPERATOR			<u> </u>		
.	PRORATION OFFICE					
	Operator Alexander Eng					
	Address Triad Center, Suite					
	Reason(s) for filing (Check proper box					
	New Well	딜				
	Recompletion					
	Change in Ownership X					

}- }-	CANTA FÉ FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Eliective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
-	IRANSPORTER OIL					
}	GAS OPERATOR					
ı. İ	PROPATION OFFICE					
	Operation Alexander Energy Corporation					
+	Triad Center, Suite #600, 501 Northwest Expressway, Oklahoma City, OK 73118					
	Triad Center, Suite (Reason(s) for filing (Check proper box)		Other (Please explain)	UK 73110		
	New We!! Change in Transporter of:					
	Recompletion	Oil Dry Gas	- 1			
l	Change in Ownership ()					
	and address of previous owner		, 410 17th Street, Suit	e #2450, Denver, CO 8020		
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.		
	Dietrich Exploration 28	G 1 WAW PC - Frui	itland State, Fede	Federal NOO-14-20		
	Location G	1850 _{Feet From The NORTH}	ne and 1850 Feet From	n The EAST		
	<u></u>	26N 0	12W , NMPM,			
	Line of dection.					
11.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be so					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X		roved copy of this form is to be sent)		
	El Paso Natural Gas		Box 4990, Farmington Is gas actually connected?	NM 87499 When		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	yes	1980		
	If this production is commingled wit	h 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. Diff. Res'v.		
	Designate Type of Completion					
	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		
	Periorations			Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD					
		TUBING, CASING, AN CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	Onomo a 100mo cita				
V.	TEST DATA AND REQUEST F	oil and must be equal to or exceed top allow				
• •	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	lift, etc.)		
	Date First New Oil Run 16 1 daks			1 W.R.		
	Length of Test	Tubing Pressure	Casing Pressure	eug. a. E		
	Actual Prod. During Test	Oil-Bbls.	Water-Bble.	LU6+385		
			CON. DIV			
	GAS WELL		U Control Control	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSER	OIL CONSERVATION COMMISSION		
• •			APPROVED	101/06,1987		
	I hereby certify that the rules and	regulations of the Oil Conservation	<u> </u>	50 11(1)		

June 30, 1987

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Kathan	ine Herkin	
	(Signature)	
Agent		
	(T)	

This form is to be filed in compliance with RULE 1104.

TITLE __

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.

SUPERVISOR DISTRICT # 3

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.