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| San Juan 28-5 Unit 42 Bl | and address of previous | owner_ | | SE | | |
| Location | Lease Name | 20.00 | 115 - 1111 | Well No. | Pool ! | Jane, Inc |
| | San Juan 28-5 | Unit | | ₇ †5 | | Blan |
| r 1800 So | Location | | | | | |
| Unit Letter | Unit Letter K | ; | 1800 | _Feet Fro | m The | Sout |
| Line of Section 31 Township 28N | Line of Section 31 | | Township | 2 8N | · · · | Ra |

(Date)

| SANTA FE 7 | • | OR ALLOWABLE Superseder Old C-104 and a | | |
|--|--|---|--|--|
| F11.5 | | AND | Effective 1-1-65 | |
| U.S.G.S. | AUTHORIZATION TO TRA | HSPORT OIL AND NATURAL G | A5 | |
| TRANSPORTER CIL | | | | |
| GAS | | | | |
| PRORATION OFFICE | | | | |
| Operator | | | | |
| Fl Paso H: tural Gas | : Commany | | | |
| | n, New Mexico 87401 | | | |
| Reuson(s) for filing (Check proper bo | 11) | Other (Please explain) | | |
| New Well Recompletion | Change in Transporter of: Oil Dry Gar | a [X] | · | |
| Change in Ownership | Casinghead Gas Conden | sate | | |
| If change of ownership give name | | | | |
| and address of previous owner | | | | |
| DESCRIPTION OF WELL AND | Veil No. Pool Name, Including Fo | ormation Kind of Lease | Lease No. | |
| San Juan 28-5 Unit | li2 Blanco Mer | | ab 000000 | |
| Location | | | | |
| Unit Letter K ; 1 | 800 Feet From The South Line | e and Feet From T | heWest | |
| 27 | ownship 28N Range | 5W NMPM Rio Ar | riba County | |
| Line of Section 31 To | ownship ZON Range | 7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 | | |
| DESIGNATION OF TRANSPOR | RTER OF OIL AND NATURAL GA | S Address (Give address to which approv | ed copy of this form is to be sent) | |
| Name of Authorized Transporter of C El Paso Notural Gar | | Box 990, Farmington, No | w Mexico 87401 | |
| Name of Authorized Transporter of C | asinghead Gas or Dry Gas X | Address (Give address to which approv | ed copy of this form is to be sent) | |
| Northwest Pipeline | | 501 Airport Drive, Farm | nington, New Maxico 87401 | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Pgc. K 31 28N 5W | is day detainy connected? | | |
| | with that from any other lease or pool, | give commingling order number: | | |
| COMPLETION DATA | Oii Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | |
| Designate Type of Complet | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| | | Top Oil/Gas Pay | Tubing Depth | |
| Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | 10,01,00 | | |
| Perforutions | | | Depth Casing Shoe | |
| | TURING CASING AND | CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | (C) | | |
| | | (afpri | 24 | |
| | | | 2/01 | |
| TEST DATA AND REQUEST I | FOR ALLOWABLE (Test must be a | fier recovery of socal volume of Locations of the Boil of the for full 24 hours | and mys ON equal to or exceed top allow- | |
| OIL WELL Date First New Cil Hun To Tanks | Date of Test | Producing Method (Flow, rump, nas W) | 1/5°C./3 | |
| Date Little Man Cit Hall to 19172 | | |)(3) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| Actual Prod. During Test | CII - Bbls. | Water - Bbls. | Gas-MCF | |
| Mendal Stod. Daring Year | | | | |
| | Market Control of the | | | |
| GAS WELL Actual Prod. Tool-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | |
| Metant tion toot-weeks | | | Choke Size | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Chora Stra | |
| ADDRESS OF COURT 14 | NCF2 | OIL CONSERVA | TION COMMISSION | |
| CERTIFICATE OF COMPLIA | NOD | F | TION COMMISSION | |
| I hereby certify that the rules and | d regulations of the Oil Conservation | Original Signed by | Emery C. | |
| | with and that the information given he best of my knowledge and belief. | BY | | |
| | | TITLE SUPERVISOR DIST | #3 | |
| | | This form is to be filed in | compliance with RULE 1104. | |
| | . CAISCO | If this is a request for silor | vable for a newly drilled or deepende aird by a tabulation of the deviation | |
| (Si | (nature) | Il santa tation on the Well in accou | rdance with RULE 111. ist be filled out completely for allow | |
| (| Tule) | All sections of this form and able on new and recompleted we | sile. | |

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.