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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | |
|---|---|
| Operator Pioneer Production Corp. | |
| Address Box 208, Farmington, NM 87401 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------|-----------------------|---|--|----------------------------|
| Lease Name Redfern | Well No. 4E | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee Fed NM | Lease No. 021116 |
| Location | | | | |
| Unit Letter L | : 1850 | Feet From The South | Line and 810 | Feet From The West |
| Line of Section 16 | Township 28N | Range 11W | , NMPM, San Juan County | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Inland Corporation | Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, NM 87401 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, NM 87401 |
| If well produces oil or liquids, give location of tanks. | Unit L Sec. 16 Twp. 28N Rge. 11W Is gas actually connected? No When _____ |

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

IV. COMPLETION DATA

| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
|--|--|---------------------------------|------------------|------------------------------|---------------|-----------|-------------|--------------|
| | | X | X | | | | | |
| Date Spudded 4-6-80 | Date Compl. Ready to Prod. 5-17-80 | Total Depth 6425' | | P.B.T.D. 6337' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 5643 | Name of Producing Formation Basin Dakota | Top Oil/Gas Pay 6095' | | Tubing Depth 6008' | | | | |
| Perforations 6206, 08, 11, 13 | | | | Depth Casing Shoe | | | | |
| 6095-98, 6153-56, 60, 62, 64, 66, 70, 72, 6176, 78, 80, 82, | | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 8-5/8" | | 591' RKB | | 300 sx | | | |
| 7-7/8" | 4-1/2" | | 6425' RKB | | 965 sx | | | |
| | 1-1/4" | | 6008' RKB | | | | | |

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 or exceed top allowable for this depth or be for full 24 hours)

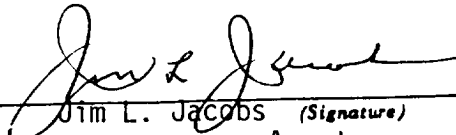
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|--|---|---|-----------------------|
| Actual Prod. Test-MCF/D 702 | Length of Test 8 hrs | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) 2" Critical Flow Prover | Tubing Pressure (shut-in) 840 | Casing Pressure (shut-in) 840 | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

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.


Jim L. Jacobs (Signature)
Agent
(Title)
8-7-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN 12 1981**, 19_____
Original Signed by **FRANK T. CHAVEZ**
BY _____
TITLE **SUPERVISOR DISTRICT #3**

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 Forms C-104 must be filed for each pool in multiply completed wells.