1 - Pioneer 1 - Inland 1 - El Paso NG Form C-104 Revised 10-1-78 STATE OF NEW MEXICO 5 - NMOCD RGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION 1 - File ---P. O. BOX 2088 DISTRIBUTION SANTA FE, NEW MEXICO 87501 BANTA FE FILE U.S.G.S. REQUEST FOR ALLOWABLE LAND OFFICE TRANSPORTER GAS AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PROBATION OFFICE Operator Pioneer Production Corp. P O Box 208, Farmington, NM 87401 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: Dry Gas OII Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE.

| Well No. | Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee NM 010063 Masin Dakota Fed #1E Lucerne A Location Feet From The East North\_Line and\_ 810' 1010' Unit Letter County San <u>Juan</u> , NMPM, 11W Range 17 Township Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Cil P 0 Box 1528, Farmington, NM 87401

Address (Give address to which approved copy of this form is to be sent) Inland Corp.

Name of Authorized Transporter of Casinghead Gas or Dry Gas (X) P O Box 990, Farmington, NM 87401 El Paso Natural Gas Co. Is gas actually connected? Twp. A 17 28N If well produces oil or liquids, : 11W If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res' Plug Back COMPLETION DATA Gas Well New Well Workover Oil Well Designate Type of Completion - (X) ХХ Date Compl. Ready to Prod. Total Depth Date Spudded 5-22-80 6285<u></u> 6338 7-24-80 Tubing Depth Top Otl/Gas Pay Name of Producing Formation Elevations (DF, RAB, RT, GR, etc.) 6016' RKB 60891 5604' GL Dakota Depth Casing Shoe Perforations 6089, 91, 93; 6139, 42, 44, 47, 48, 49, 50, 52, 55, 56, 57, 59, 6329 RKB 93, 96; 6211, 15, 17, 19, 21, 23 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 300 sx class B + 2% CaCl 12-1/4" 8-5/8" 553' RKB 353.7 cu.ft. lst stage 6329' RKB 4-1/2" 1785 cu.ft. 2nd stage 7-7/8" or exceed top allo (Test must be after recovery of total volume of load oil and able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas OIL WELL Date of Test Date First New Oil Run To Tanks CharR 5129 1981 Casing Pressure Tubing Pressure OHE-GON. COM. 1 ength of Test DIST. 3 Water - Bbls. Oil-Bbls. Actual Pred. During Test Gravity of Condensate GAS WELL Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D <u>60 est</u> 30 8 hrs 427 CAOF Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) \_<sup>1</sup>2" Teeting Method (pitot, back pr.) Back Pressure 1100 OIL CONSERVATION DIVISION 1. CERTIFICATE OF COMPLIANCE MAR 11 1981 APPROVED. I hereby certify that the rules and regulations of the Oil Conservation BY Original Signed by FRANK T. CHAVEZ Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with RULE 1104.

(Bignature) Thomas A. Dugan

(Title)

(Date)

Agent

3-6-81

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition C----- Forms C-104 must be filed for each pool in multip