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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| Managed for Filling (Cheely proper box)   Managed of Filling (Cheely proper box)   Managed of Filling (Cheely proper box)   Managed of Product of Managed of Managed of Product of Managed of Product of Managed of Managed of Product of Managed of M   | Operator  Meridian Oil Inc.                                      | Well                        | Well API No.              |                       |                            |                                |  |                     |                 |  |
|--|--|-----------------------------|---------------------------|-----------------------|----------------------------|--------------------------------|--|---------------------|-----------------|--|
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| Chasp is d'portion   Chasp is Trasporter of Chasp is Oper Cost   Chasp is Operator   Chasp of expense of the Chasp of expense of previous operator   | P. O. Box 4289, Fa   | armington, Ne               | ew Mexico 8               |                       |                            | ·                              |  |                     |                 |  |
| Recompetion   Oil  |  | Chance in                   | Tennenceter of            | U Othe                | t (Please expla            | in)                            |  |                     |                 |  |
| Change of operator (as August 1  |  |                             |                           |                       |                            |                                |  |                     |                 |  |
| In DESCRIPTION OF WELL AND LEASE  Lease Nice  Kna uff  Well No.  Basin Fruitland Coal  Kind of Lease  Kna of Lease  Kna uff  Well No.  Basin Fruitland Coal  Kind of Lease  No.  MM-0764  Location  Util Letter  C: 1015  Fee From The North Line and 1650  Feet From The West Line  Section 31 Township 28N  Range 10N  North Line and 1650  Feet From The West Line  Commy  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Complement of the Condensate  Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Cataloghead One  Sunterna Gas Gathering  If well produces of a rigida,  If we location of units.  One Well Gas Well  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 1899, Bloomfield, N.M. 87413  If sent production of units.  One well produces of a rigida,  Producing offer number.  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Compl. Ready to Prod.  Total Dapid  P. J. T.D.  Date Spacked  Date Compl. Ready to Prod.  Total Dapid  Feet From The West Line  Mest United State Same Ready  Diff Ready  P. O. Box 1899, Bloomfield, N.M. 87413  If sent production is commission of which the form any other lease of pool, give commissing order number.  V. COMPLETION DATA  Designate Type of Completion - (X)  Date Compl. Ready to Prod.  Total Dapid  P. J. T.D.  Date Spacked  Date Compl. Ready to Prod.  Total Dapid  P. J. T.D.  Date Spacked  Date Compl. Ready to Prod.  Total Dapid  P. J. T.D.  Tubing Depth  Producing Pressure  Casing Pressure  Casing Pressure  Choke Size  Tubing Pressure  Condensité MANCE  Gravity of Casaleties  OIL WELL  Total David With and this de information given above  patieure and origination day be not produced to the desire control to the completion of the bound of the completion of the bound of the completion of the Control of the Control of the Control of Control of Control of C | Change in Operator   |                             | Condensate                |                       |                            |                                |  |                     |                 |  |
| Lease Name   N   | f change of operator give name                                   | ugan Producti               | ion Corp., P              | . O. Bo               | ( 234, Fa                  | armingt                        | on, New Me   | xico                | 87401           |  |
| Lease Name   Name   No.   Pool Name, Including Formation   State of Lease No.   Mn.   Mn   | •  | AND LEASE                   |                           |                       | -                          |                                |  |                     | •               |  |
| Usit Letter C : 1015 Rest From The MOrth Line and 1650 Feet From The West Line  Section 31 Township 28N Range 10N NNFM, San Juan Country  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 sent)  Name of Authorized Transporter of Catagogued Cas Or Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Catagogued Cas Properties of the Condensate of Catagogued Cas Subtering Subt | Lease Name   | Well No. Pool Name, Include |                           |                       |                            |                                |  |                     |                 |  |
| Unit Letter C : 1015 Peet From The North Line and 1650 Feet From The West Line Section 31 Township 28N Range 10W North San Juan Country  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condennate Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Oil Or Condennate Or Dry Gas (XX) Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Oil Or Dry Gas (XX) Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Catalysis (Give address to which approved copy of this form is to be sent)  If well produced oil or liquids, Unit I Sec. Twp. Reg. Is gas actually connected? When 7  When 6  When 7  When 7  When 7  When 7  When 7  W |  |                             |                           |                       |                            | State,                         | Federal or Fee   | NM-C                | 1/64            |  |
| Section 31 Township 28N Range 10N NMFM, San Juan County  III. 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 sent)  Name of Authorized Transporter of Oil Or Condensate Or Dry Gas (XX) Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Oil Or Dry Gas (XX) Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Oil Oil Well Osas (Twp. Reg. It gas actually connected? When ?  Very Reg. It gas actually connected? When ?  V. COMPLETION DATA  Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepes Plug Back Same Rea'v Diff Rea'v Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepes Plug Back Same Rea'v Diff Rea'v Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepes Plug Back Same Rea'v Diff Rea'v Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepes Plug Back Same Rea'v Diff Rea'v Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepes Plug Back Same Rea'v Diff Rea'v Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepes Plug Back Same Rea'v Diff Rea'v Designate Type of Completion - (X) Oil Well Gas Well New Yell Workover Deepes Plug Back Same Rea'v Diff Rea'v Designate Type of Completion - (X) Oil Well Gas Well New Yell Workover Deepes Plug Back Same Rea'v Diff Rea'v Rea'v | C  | 1015                        | ٨                         | Jorth                 | 1650                       | n _                            |  | West                |                 |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authoritied Transporter of Oil or Coodenated Address (Give address to which approved copy of this form is to be sent)  Name of Authoritied Transporter of Canaghead Gas or Dry Gas [XX] Address (Give address to which approved copy of this form is to be sent)  Sunterna Gas Gathering or Dry Gas [XX] Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 1899, Bloomfield, N. M. 87413  If well produces of or liquids, Unit Sec. Twp. Reg. Is gas actually connected? When 7  If this production is commissed with that from any other lease or pool, give commissing order number.  V. COMPLETION DATA  Designate Type of Completion - (X)  Cull Well Gas Well New Well Workover Deepen Plug Back Same Reav Diff Reiv  Date Spudded Date Compl. Ready to Prod.  Total Depth P.B.T.D.  Designate Type of Completion - (X)  Name of Producing Formation  Top Oll/Gas Pay  Tubing Depth  P.B.T.D.  Tubing Depth  P.B.T.D.  HOLE SIZE CASING a TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  DIL 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 Tank Date of Test  Tubing Pressure Choice Size  Choice Size  GAS WELL  Addition for Test  Cating Pressure (Shut-in)  Cating Pressure (Shut-in)  Cating Pressure (Shut-in)  Cating Pressure (Shut-in)  Date Office New Deep Completion of the Oil Conservation  Division New Deep Completion of the Oil C | Unit Letter  | :                           | Feet From The             | Line                  | and                        | <u>~</u> F                     | et From The  |                     | Line            |  |
| Name of Authorized Transporter of Ou  or Condensate  | Section 31 Township  | , 28N                       | Range 10W                 | <u>, NN</u>           | IPM, S                     | an Juan                        |  |                     | County          |  |
| Name of Authorized Transporter of Ou  or Condensate  | T DESIGNATION OF TO ANS  | SPARTER AF A                | II AND NATID              | DAT CAS               |                            |                                |  |                     |                 |  |
| Sunterna Gas Gathering  P. O. BOX 1899, Bloomfield, N.M. 8/413  Well produces oil or liquids,  Velocation of vanish.  Unit Sec. Twp. Rge. Is gas actually connected? When 7  When 7  When 7  When 7  When 7  P. O. BOX 1899, Bloomfield, N.M. 8/413  When 7  P. O. BOX 1899, Bloomfield, N.M. 8/413  When 7  W |  |                             |                           |                       |                            |                                |  |                     |                 |  |
| Sunterna Gas Gathering  P. O. BOX 1899, Bloomfield, N.M. 8/413  Well produces oil or liquids,  Velocation of vanish.  Unit Sec. Twp. Rge. Is gas actually connected? When 7  When 7  When 7  When 7  When 7  P. O. BOX 1899, Bloomfield, N.M. 8/413  When 7  P. O. BOX 1899, Bloomfield, N.M. 8/413  When 7  W |  |                             | <u> </u>                  |                       |                            |                                |  |                     |                 |  |
| If well produces oil or liquids, we location of table, we located table, w |  |                             | or Dry Gas XX             | Address (Giw          | address to wh<br>Box 189   | <i>ich approved</i><br>9. Bloo | copy of this form is to be sent) 11 nfield, N.M. 87413 |                     |                 |  |
| This production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Completion - (X)  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'   Diff Res'    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/Cas Psy   Tubing Depth    Perforations   Depth Casing Shoe    TUBING, CASING AND CEMENTING RECORD   Depth Casing Shoe    TUBING, CASING AND CEMENTING RECORD   Depth Casing Shoe    TUBING CASING AND CEMENTING RECORD   Producing Method (Flow, pump, gas lift, etc.)    Casing Pressure   Choke Size    The producing Method (Pion, back pr.)   Tubing Pressure (Shu-in)   Choke Size    The producing Method (Pion, back pr.)   Tubing Pressure (Shu-in)   Choke Size    The producing Method (Pion, back pr.)   Tubing Pressure (Shu-in)   Choke Size    The producing Method (Pion, back pr.)   Tubing Pressure (Shu-in)   Choke Size    The producing Method (Pion, back pr.)   Tubing Pressure (Shu-in)   Choke Size    The producing Method ( | If well produces oil or liquids,                                 | <del></del> ,               | Twp. Rge.                 | <del></del>           |                            | <del></del> ,                  |  |                     |                 |  |
| Designate Type of Completion - (X)  Designate Type of Completion - (X)  Date Specified  Date Compl. Ready to Prod.  Date Specified  Date Compl. Ready to Prod.  Date Specified  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Perforations  Depth Casing Stoce  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACTUAL (Iter 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 Firm New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  GAS WELL  ACTUAL OF TEST DATE AND Prod. During Test  Oil - Bibis.  Date of Test  Date of Test  Date of Test  Date of Test  Discontinual Prod. During Test  Oil - Bibis.  Date Of Test  Discontinual Prod. During Test  Oil - Bibis.  Discontinual Prod. During Test  Oil - Bibis Discontinual Prod. Duri | ive location of tanks.   | <u>ii.</u>                  |                           | <u> </u>              |                            |                                |  |                     |                 |  |
| Designate Type of Completion - (X)  Oil Well  Gas Well  New Well  Workover  Deepen  Plug Back   Same Res'v   Diff Ret'v    P.B.T.D.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Perforations  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  T. TEST DATA AND REQUEST FOR ALLOWABLE  DIL 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 Tank  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Gas. MCF  Gas. WELL  Actual Prod. Test - MCF/D  Length of Test  Bills. Condensate/MMCF  Gravity of Condedable  Thereby certify that the rules and regulation of the Oil Conservation Division have been complied with and that the information gives above in towe stand complete to fine be of my knowledge and belief.  Date Approved  SIP 2 1939   |  | rom any other lease or      | pool, give commingli      | ing order numb        | er                         |                                |  |                     |                 |  |
| Date Spudded  Date Compil. Ready to Prod.  Total Depth  P.B.T.D.  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 Tank  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Choke Size  Gas-MCF  Gravity of Condensate/MMCF  Gravity of Condensate/MMCF  Setting Method (picor, back pr.)  Tubing Pressure (Shut-in)  Thereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above jutives and compiled to the best of my knowledge and belief.  Date Approved  SEP 2 1999   | V. COMILETION DATA   | Oil Well                    | Gas Well                  | New Well              | Workover                   | Deepen                         | Plug Back Sa   | me Res'v            | Diff Res'v      |  |
| TUBING, CASING AND CEMENTING RECORD  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACTUAL TEST DATA AND REQUEST FOR ALLOWABLE  Tubing Pressure  Casing Method (Flow, pump, gar lift, etc.)  Tubing Pressure  Casing Pressure  Choke Size  CASING & TUBING SIZE  Date First New Oil Run To Tank  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Thereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above interested complete to the best of my knowledge and belief.  Date Approved  SEP 2 (1989)   |  |                             | i                         | <u> </u>              |                            | İ                              | <u>i                                      </u>         |                     |                 |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Casing Pressure  Choke Size  Choke Size  CASING AND CEMENTING RECORD  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Choke Size  Choke Size  Choke Size  The producing Test Oil - Bbls.  Water - Bbls.  Casing Pressure (Shut-in)  Choke Size  Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above in treve and complete to the best of my knowledge and belief.  Date Approved  SEP 2 1939  | Date Spudded   | Date Compl. Ready to        | o Prod.                   | Total Depth           |                            |                                | P.B.T.D.   |                     |                 |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  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 Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Choke Size  The producing Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  The pressure (Shut-in)  Choke Size  Date Approved  SEP 2 1939  Date Approved  SEP 2 1939  | evations (DF, RKB, RT, GR, etc.) Name of Producing Formation     |                             |                           | Top Oil/Gas Pay       |                            |                                | Tubing Depth   |                     |                 |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACTUAL OF THE SET  SACKS CEMENT   | Perforations   |                             |                           |                       |                            |                                | Depth Casing S   | Denth Casing Shoe   |                 |  |
| HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  ACTUAL OF THE SET  SACKS CEMENT  SACKS CEM |  |                             |                           |                       |                            |                                |  |                     |                 |  |
| A. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Test must be after recovery of total volume of toad 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 Tank  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  Gravity of Condensate/MMCF  Gravity of Condensate/  Gotting Method (pitor, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above in teres and complete to the best of my knowledge and belief.  Date Approved  SEP 2 1389   |  | TUBING, CASING AND          |                           |                       |                            | D                              |  |                     |                 |  |
| Date First New Oil Run To Tank  Date of Test   HOLE SIZE  | CASING & TU                 | JBING SIZE                |                       | DEPTH SET                  |                                | SAC  | CKS CEME            | NT              |  |
| Date First New Oil Run To Tank  Date of Test  |                             | ·                         |                       |                            |                                | <del> </del>   |                     |                 |  |
| Date First New Oil Run To Tank  Date of Test  |                             |                           |                       |                            |                                |  |                     |                 |  |
| Date First New Oil Run To Tank  Date of Test  Date of Date o | TEST DATA AND DECLIES  | T FOR ALLOW                 | ADI E                     |                       |                            |                                |  |                     |                 |  |
| Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Gravity of Condensate  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Conden |  |                             |                           | be equal to or        | exceed top allo            | wable for th                   | is depth or be for                                     | full 24 hour        | s.)             |  |
| Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Festing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  Oil Conservation  Division have been complete to the best of my knowledge and belief.  Date Approved  SEP 2 1989  |  |                             |                           |                       |                            |                                |  |                     |                 |  |
| Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Fosting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  UIL CUNSENVATION DIVISION  Division have been complete to the best of my knowledge and belief.  Date Approved  SEP 2 1989   | Last of Tag  |                             |                           | Colina Brazza         |                            |                                | Choke Size   |                     |                 |  |
| GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  UIL CONSERVATION DIVISION  Division have been complete to the best of my knowledge and belief.  Date Approved  SEP 26 1999  | renkan or 1eer   | lubing Pressife             |                           | Caoing 1 10081        |                            |                                |  |                     |                 |  |
| Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  UIL CUNSERVATION DIVISION  Division have been complied with and that the information given above is tree and complete to the best of my knowledge and belief.  Date Approved  SEP 2 1389   | Actual Prod. During Test   | Oil - Bbls.                 | Water - Bbis.             |                       |                            | Gas- MCF                       |  | IJ                  |                 |  |
| Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Casing Pressure (Shut-in)  Choke Size  Thereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is tree and complete to the best of my knowledge and belief.  Date Approved  SEP 2 1389  |  |                             |                           |                       |                            |                                | 327  | - <del>3 10/3</del> |                 |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Casing Pressure (Shut-in)  Clock Size  UIL CUNSERVATION DIVISION  Date Approved  SEP 2 (1989)  |  | 1.                          |                           | 100                   | A A 100                    |                                | 10   | <del>M. F</del>     | <del>}!\/</del> |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.  Date Approved  SEP 2 ( 1989)  | Actual Prod. Test - MCF/D  | rengin or 1 ear             |                           | Bbls. Condensate/MMCF |                            |                                |  |                     |                 |  |
| Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.  Date Approved SEP 2 6 1989   | esting Method (pitot, back pr.)                                  | Tubing Pressure (Shu        | Casing Pressure (Shut-in) |                       |                            |                                | <u>```</u>   |                     |                 |  |
| Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.  Date Approved SEP 2 6 1989   | ייין אין אין פאר אין דער אין | <u>ं कः अव चटा स</u><br>    | 1 · » I\m                 | ļ:                    |                            |                                | <u></u>  | <b>2</b> ~ 9 %      |                 |  |
| Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.  Date Approved SEP 2 6 1989   |  |                             | _                         | 11 -                  | JIL CUN                    | 12ドエス                          | A HON D  | IVISIC              | N               |  |
| Season Mildreld D. Commission T. CHAVET  | Division have been complied with and the                         | that the information giv    |                           |                       |                            | C i                            | D 2 6 10   | าดด                 |                 |  |
| Slave Middleld D. Common Control of CHAVET   | In arose sing contained to the ocal or they to                   | mowiedke sind deliet.       |                           | Date                  | Approve                    | d <u>ე</u> ნ                   | TOVE   | <i>,</i> ,,,,,      |                 |  |
| THE REPORT OF THE PARTY OF THE  | Sease Shad   | lule                        |                           |                       |                            |                                |  |                     |                 |  |
| Peggy Bradfield Regulatory Affairs   | Signatura<br>Peggy Bradfield                                     |                             | tory Affair               | ∭ By_                 | U(เลียกะ                   | <u>६ च्येष्ट्रहीय संबर</u> ी   | , 114 mil 1. UN  | 1744                |                 |  |
| Printed Name Title   Title SHE TOWN DOR TO SHEET SE \$   |  |                             |                           |                       | Title SH TWANE TO PART \$5 |                                |  |                     |                 |  |
| 9/25/89 505-326-9/00  Date Telephone No.   |  |                             |                           |                       |                            |                                | - !  |                     |                 |  |
|  |  |                             |                           | 11                    |                            |                                |  |                     |                 |  |

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.