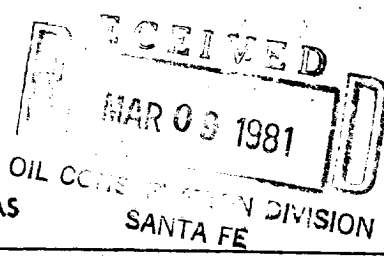


OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator: Paramount Petroleum Corp.  
 Address: P.O. Box 22763 Houston, Tx. 77027  
 Reason(s) for filing (Check proper box):  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate   
 Other (Please explain):  
 If change of ownership give name and address of previous owner: Southland Royalty Co. 1000 Ft. Worth Club Tower, Ft. Worth, Tx.

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Aztec Totah Unit Well No.: 1 Pool Name, including Formation: Gallup Kind of Lease: FEDERAL Lease No.: SF 079061  
 Location: Unit Letter A; 710 Feet From The N Line and 390 Feet From The E Line of Section 29 Township 29N Range 13W, NMPM, San Juan Co. County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
Plateau Inc. Address (Give address to which approved copy of this form is to be sent): 501 Airport #151 Farmington, N.M. 87401  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 Address (Give address to which approved copy of this form is to be sent):  
 If well produces oil or liquids, give location of tanks: Unit Sec. Twp. Rgs. Is gas actually connected? When

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

IV. COMPLETION DATA

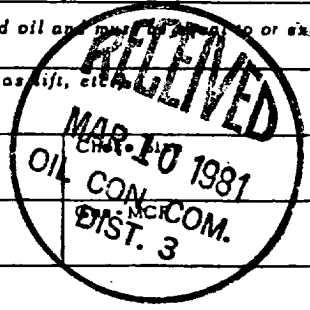
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DA, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas-Pay			Tubing Depth		
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and gas 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Robert W. ...  
 (Signature)

V.P. Operations

03/03/81

(Title)  
 (Date)

OIL CONSERVATION DIVISION

MAR 10 1981

APPROVED \_\_\_\_\_, 19\_\_

BY Original Signed by FRANK T. CHAVEZ  
 SUPERVISOR DISTRICT III

TITLE \_\_\_\_\_

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.