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| DISTRIBUTIO      |     |   |   |
| ANTA FE          |     |   |   |
| FILE             |     |   |   |
| J.S.G.S.         |     |   |   |
| LAND OFFICE      |     |   |   |
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| PRORATION OFFICE |     | ] |   |
| Operator         |     |   |   |

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                             |
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|      | DISTRIBUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NEW MEXICO OU.                                                                                                                                                                                                                       | CONCEDUATION                                                                                                                                                                                                                       | _                                                                                                                                           |
|      | ANTA FE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                      | CONSERVATION COMMISSING FOR ALLOWABLE                                                                                                                                                                                              |                                                                                                                                             |
|      | FILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ]                                                                                                                                                                                                                                    | AND                                                                                                                                                                                                                                | Supersedes Old C-104 and C-1<br>Effective 1-1-65                                                                                            |
|      | J.S.G.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AUTHORIZATION TO TRA                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | LIDAL CAS                                                                                                                                   |
|      | LAND OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                      | THE OIL AND NAT                                                                                                                                                                                                                    | URAL GAS                                                                                                                                    |
|      | TRANSPORTER OIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                    |                                                                                                                                             |
|      | GAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                             |
|      | OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                             |
| 1.   | PRORATION OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                             |
|      | Operator COLAD D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TROI FINA TOLO                                                                                                                                                                                                                       | -                                                                                                                                                                                                                                  |                                                                                                                                             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ETROLEUM, INC.                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    |                                                                                                                                             |
|      | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SCOLN CT CHITE 3500 -                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                                                                             |
|      | 1000 L11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NCOLN ST., SUITE 1500, DE                                                                                                                                                                                                            | ENVER, COLORADO 80                                                                                                                                                                                                                 | 0264                                                                                                                                        |
|      | Reason(s) for filing (Check proper box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                      | Other (Please exp                                                                                                                                                                                                                  | ain)                                                                                                                                        |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Change in Transporter of: Oil Dry Go                                                                                                                                                                                                 |                                                                                                                                                                                                                                    |                                                                                                                                             |
|      | Recompletion Change in Ownership XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                      | <b>=</b>                                                                                                                                                                                                                           |                                                                                                                                             |
|      | Change in Ownership[XX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Casinghead Gas Conde                                                                                                                                                                                                                 | nsate                                                                                                                                                                                                                              |                                                                                                                                             |
|      | If change of ownership give name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LICUC FNOO THE                                                                                                                                                                                                                       |                                                                                                                                                                                                                                    | 0.7.4.5                                                                                                                                     |
|      | and address of previous owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IICKS ENCO, INC., BOX 174                                                                                                                                                                                                            | 1, FARMINGTON, NEW                                                                                                                                                                                                                 | MEXICO 87401                                                                                                                                |
| **   | DESCRIPTION OF WELL AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LEACE                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |                                                                                                                                             |
|      | DESCRIPTION OF WELL AND Lease Name NAVAJO TRIBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Well No. Pool Name, Including F                                                                                                                                                                                                      | ormation Kin                                                                                                                                                                                                                       | of Lease                                                                                                                                    |
|      | OF INDIANS "G"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 218 MANY ROCKS                                                                                                                                                                                                                       | Galling Stat                                                                                                                                                                                                                       | e, Federal or Fee FEDERAL                                                                                                                   |
|      | Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                      | Janey 1                                                                                                                                                                                                                            | 7 EDERAL   2033                                                                                                                             |
|      | Unit Letter H ; ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 980 Feet From The North Lin                                                                                                                                                                                                          | ne and 660 E.                                                                                                                                                                                                                      | et From The East                                                                                                                            |
|      | om Letter,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                      | re and Fe                                                                                                                                                                                                                          | eet From The LAST                                                                                                                           |
|      | Line of Section 2 To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | waship 31N Range ]                                                                                                                                                                                                                   | 17W , NMPM,                                                                                                                                                                                                                        | SAN JUAN County                                                                                                                             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                             |
| III. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TER OF OIL AND NATURAL GA                                                                                                                                                                                                            |                                                                                                                                                                                                                                    |                                                                                                                                             |
|      | Name of Authorized Transporter of Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | or Condensate                                                                                                                                                                                                                        | !                                                                                                                                                                                                                                  | ich approved copy of this form is to be sent)                                                                                               |
|      | SHELL PIPELINE CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                      | BOX 1588, FARMING                                                                                                                                                                                                                  | TON, NEW MEXICO 87401                                                                                                                       |
|      | Name of Authorized Transporter of Ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | singhead Gas or Dry Gas                                                                                                                                                                                                              | Address (Give address to wh                                                                                                                                                                                                        | ich approved copy of this form is to be sent)                                                                                               |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unit Sec. Twp. P.ge.                                                                                                                                                                                                                 | 1                                                                                                                                                                                                                                  | T vn                                                                                                                                        |
|      | If well produces oil or liquids, give location of tanks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                      | Is gas actually connected?                                                                                                                                                                                                         | When                                                                                                                                        |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                                                                                                                                                                                             | <del></del>                                                                                                                                                                                                                        |                                                                                                                                             |
|      | If this production is commingled win COMPLETION DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | th that from any other lease or pool,                                                                                                                                                                                                | give commingling order num                                                                                                                                                                                                         | ber:                                                                                                                                        |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Oil Well Gas Well                                                                                                                                                                                                                    | New Well Workover De                                                                                                                                                                                                               | eepen Plug Back Same Res'v. Diff. Res'v                                                                                                     |
|      | Designate Type of Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | $\operatorname{on} - (X)$                                                                                                                                                                                                            |                                                                                                                                                                                                                                    | 1                                                                                                                                           |
|      | 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/Gas Pay                                                                                                                                                                                                                    | Tubing Depth                                                                                                                                |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                             |
|      | Perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | Depth Casing Shoe                                                                                                                           |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |                                                                                                                                             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TURING CASING AND                                                                                                                                                                                                                    | CEMENTING RECORD                                                                                                                                                                                                                   |                                                                                                                                             |
|      | HOLE SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      | D CEMENTING RECORD                                                                                                                                                                                                                 | SACKS CEMENT                                                                                                                                |
|      | HOLE SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TUBING, CASING, AND CASING & TUBING SIZE                                                                                                                                                                                             | D CEMENTING RECORD DEPTH SET                                                                                                                                                                                                       | SACKS CEMENT                                                                                                                                |
|      | HOLE SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | SACKS CEMENT                                                                                                                                |
|      | HOLE SIZE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    | SACKS CEMENT                                                                                                                                |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CASING & TUBING SIZE                                                                                                                                                                                                                 |                                                                                                                                                                                                                                    | SACKS CEMENT                                                                                                                                |
| v.   | TEST DATA AND REQUEST F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CASING & TUBING SIZE  OR ALLOWABLE (Test must be a                                                                                                                                                                                   | DEPTH SET                                                                                                                                                                                                                          | SACKS CEMENT  load oil and must be equal to or exceed top allow                                                                             |
| v.   | TEST DATA AND REQUEST F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CASING & TUBING SIZE  OR ALLOWABLE (Test must be a able for this de                                                                                                                                                                  | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)                                                                                                                                                         | load oil and must be equal to or exceed top allow                                                                                           |
| v.   | TEST DATA AND REQUEST F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CASING & TUBING SIZE  OR ALLOWABLE (Test must be a                                                                                                                                                                                   | DEPTH SET                                                                                                                                                                                                                          | load oil and must be equal to or exceed top allow                                                                                           |
| v.   | TEST DATA AND REQUEST F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CASING & TUBING SIZE  OR ALLOWABLE (Test must be a able for this de                                                                                                                                                                  | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)                                                                                                                                                         | load oil and must be equal to or exceed top allow                                                                                           |
| v.   | TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OR ALLOWABLE (Test must be a able for this de                                                                                                                                                                                        | DEPTH SET  Infter recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pum                                                                                                                           | load oil and must be equal to or second top allow                                                                                           |
| v.   | TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OR ALLOWABLE (Test must be a able for this de                                                                                                                                                                                        | DEPTH SET  Infter recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pum                                                                                                                           | load oil and must be equal to or second top allow                                                                                           |
| v.   | TEST DATA AND REQUEST FOIL, WELL  Date First New Oil Run To Tanks  Length of Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OR ALLOWABLE (Test must be a able for this de                                                                                                                                                                                        | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pun)  Casing Pressure                                                                                                          | load oil and must be equal to or second top allow  ip, gas lift, etc.)  Choke Size                                                          |
| v.   | TEST DATA AND REQUEST FOIL, WELL  Date First New Oil Run To Tanks  Length of Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OR ALLOWABLE (Test must be a able for this de                                                                                                                                                                                        | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pun)  Casing Pressure                                                                                                          | load oil and must be equal to or exceed top allow  ip, gas lift, etc.)  Choke Size  Gde-MCF                                                 |
| v.   | TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OR ALLOWABLE (Test must be a able for this de Date of Test  Tubing Pressure  Oil-Bbis.                                                                                                                                               | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pun)  Casing Pressure                                                                                                          | load oil and must be equal to or exceed top allow  ip, gas lift, etc.)  Choke Size  Gde-MCF                                                 |
| v.   | TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OR ALLOWABLE (Test must be a able for this de                                                                                                                                                                                        | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pun)  Casing Pressure                                                                                                          | load oil and must be equal to or exceed top allow  ip, gas lift, etc.)  Choke Size  Gde-MCF                                                 |
| v.   | TEST DATA AND REQUEST FOOL, WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CASING & TUBING SIZE  OR ALLOWABLE (Test must be a able for this de Date of Test  Tubing Pressure  Oil-Bbls.                                                                                                                         | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pum)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF                                                                      | load oil and must be equal to or second top allow  ip, gas lift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate                          |
| v.   | TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OR ALLOWABLE (Test must be a able for this de Date of Test  Tubing Pressure  Oil-Bbis.                                                                                                                                               | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pum)  Casing Pressure  Water-Bbls.                                                                                             | load oil and must be equal to or second top allow  ip, gas lift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate                          |
|      | TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CASING & TUBING SIZE  OR ALLOWABLE (Test must be a able for this de  Date of Test  Tubing Pressure  Oil-Bbis.  Length of Test  Tubing Pressure (Shut-in)                                                                             | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pum)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)                                           | load oil and must be equal to or exceed top allow  ip, gas lift, etc.)  Choke Size  Gravity of Condensate  Choke Size                       |
|      | TEST DATA AND REQUEST FOOL, WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CASING & TUBING SIZE  OR ALLOWABLE (Test must be a able for this de  Date of Test  Tubing Pressure  Oil-Bbis.  Length of Test  Tubing Pressure (Shut-in)                                                                             | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pum)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)                                           | load oil and must be equal to or exceed top allow  ip, gas lift, etc.)  Choke Size  Gravity of Condensate  Choke Size                       |
| VI.  | TEST DATA AND REQUEST FOIL, WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CASING & TUBING SIZE  OR ALLOWABLE (Test must be a able for this de la Date of Test  Tubing Pressure  Cil-Bbls.  Length of Test  Tubing Pressure (Shut-in)                                                                           | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pum)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)                                           | choke Size  Gravity of Condensate  Choke Size  Choke Size                                                                                   |
| VI.  | TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE COMPLI | CASING & TUBING SIZE  OR ALLOWABLE (Test must be a able for this de Date of Test  Tubing Pressure  Cil-Bbis.  Length of Test  Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation with and that the information given | DEPTH SET  Infer recovery of total volume of epith or be for full 24 hours)  Producing Method (Flow, pum)  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CON  APPROVED                       | load oil and must be equal to or second top allow  ip, gas lift, etc.)  Choke Size  Gravity of Condensate  Choke Size  SERVATION COMMISSION |
| VI.  | TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE COMPLI | CASING & TUBING SIZE  OR ALLOWABLE (Test must be a able for this de Date of Test  Tubing Pressure  Oil-Bbls.  Length of Test  Tubing Pressure (Shut-in)  CE  regulations of the Oil Conservation                                     | DEPTH SET  Infer recovery of total volume of epth or be for full 24 hours)  Producing Method (Flow, pum)  Casing Pressure  Water-Bble.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CON  APPROVED  By Original Signed by | choke Size  Gravity of Condensate  Choke Size  Choke Size                                                                                   |

## VI.

| Minute of The         | Sherwin Artus  |  |
|-----------------------|----------------|--|
| (Signature)           | Vice President |  |
| SOLAR PETROLEUM, INC. |                |  |
| (Title)               |                |  |
| July 1, 1980          |                |  |

(Date)

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.