

CMD :
OG6ACRE

ONGARD
C102-DEDICATE ACREAGE

07/15/96 09:03:46
OGOAD -EMFN
Page No : 1

API Well No : 30 45 11404 Eff Date : 05-02-1994
Pool Idn : 72319 BLANCO-MESAVERDE (PRORATED GAS)
Prop Idn : 294 BARNES B Well No : 009
Spacing Unit : 38638 OCD Order : Simultaneous Dedication:
Sect/Twp/Rng : Acreage : 320.00 Revised C102? (Y/N) :
Dedicated Land:

S	Base	U/L	Sec	Twp	Rng	Acreage	L/W	Ownership	Lot Idn
			I	13	32N 11W	40.00	N	FD	
			J	13	32N 11W	40.00	N	FD	
			K	13	32N 11W	40.00	N	FD	
			L	13	32N 11W	40.00	N	FD	
			M	13	32N 11W	40.00	N	FD	
			N	13	32N 11W	40.00	N	FD	
			O	13	32N 11W	40.00	N	FD	
			P	13	32N 11W	40.00	N	FD	

E0005: Enter data to modify or PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06 CONFIRM
PF07 BKWD	PF08 FWD	PF09	PF10 LAND	PF11 NXTSEC	PF12 RECONF

FOR DIVISION

USE ONLY:

APPLICATION FOR CONTINUED STRIPPER CLASSIFICATION

5A. Indicate Type of Lease STATE ☐ FEDERAL ☐		5. State Oil & Gas Lease No.		7. Unit Agreement Name		8. Form or Lease Name		2. Name of Operator		3. Address of Operator		4. Location of Well UNIT LETTER _____ LOCATED _____ FEET FROM THE _____ LINE _____ FEET FROM THE _____ SEC. _____ TWP. _____ RGE. _____ MAP		11. Name and Address of Purchaser(s)	
DATE DETERMINATION MADE _____		DATE COMPLETE APPLICATION FILED _____		APPROPRIATE FILING FEE(S) ENCLOSED? YES _____ NO _____		NAME(S) OF INTERVENOR(S), IF ANY: _____		9. Well No.		10. Field and Pool, or Wildcat		12. County			
a non-refundable filing fee of \$25.00 per category for each application is mandatory. (Rule 2, Order No. R-5878-B-3)		Effective October 1, 1986.		- FILING FEE(S) -											

CLASSIFICATION

1. Check appropriate box for category sought and information submitted. Enter required information on lines 2 and 3.c., below.

2. Filing fee(s), Amount enclosed: \$ _____

3. All applications must contain the items required by the applicable rule of the Division's "Special Rules for Applications for Wellhead Price Ceiling Category Determinations" as follows:

- A. Increased production resulting from recognized enhanced recovery techniques

- ☐ All items required by Rule 19

- B. Well is seasonally affected

- ☐ All items required by Rule 20

- C. Increased production resulting from temporary pressure buildup for the 90-day period ending _____

- ☐ All items required by Rule 21

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF APPLICANT (Type or Print)

SIGNATURE OF APPLICANT

Title

Date

FOR DIVISION USE ONLY

☐ Approved☐ Disapproved

The information contained herein includes all of the information required to be filed by the applicant under Subpart 8 of Part 274 of the FERC regulations.

EXAMINER