

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                     |                              |
|---------------------|------------------------------|
| Oil or Gas Produced |                              |
| Distribution        |                              |
| Santa Fe            |                              |
| File                |                              |
| Legal               |                              |
| Land Office         |                              |
| Transporter         | <input type="checkbox"/> Oil |
| Operator            | <input type="checkbox"/> Gas |
| Production Office   |                              |

OIL CONSERVATION DIVISION  
P. O. BOX 2038  
SANTA FE, NEW MEXICO 87501

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NOV 22 1985

OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                            |                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>Columbus Energy Corporation (Formerly Consolidated Oil & Gas, Inc.)                                            |                                                                                                                                                                                 |
| Address<br>P.O. Box 2038, Farmington, New Mexico 87499                                                                     |                                                                                                                                                                                 |
| Reason(s) for filing (Check proper box)                                                                                    | Other (Please explain)                                                                                                                                                          |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Condensate Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate |
| CHANGE OF COMPANY NAME                                                                                                     |                                                                                                                                                                                 |

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                    |                 |                                                |                                         |           |
|------------------------------------|-----------------|------------------------------------------------|-----------------------------------------|-----------|
| Well Name<br>KLINE 1 *             | Well No.        | Pool Name, including Formation<br>Basin Dakota | Kind of Lease<br>State, Federal or Free | Lease No. |
| Location<br>G 1850 North 1550 East | Unit Letter     | Foot From The                                  | Foot From The                           |           |
| Line of Section<br>10              | Township<br>31N | Range<br>13W                                   | County<br>San Juan                      |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                           |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorizing Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |
| Giant Refining Company                                                                                                    | P.O. Box 255, Farmington, NM 87495                                       |
| Name of Authorizing Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Southern Union Gathering Company                                                                                          | P.O. Box 1899, Bloomfield, NM 87411                                      |
| If well produces oil or liquids, give location of tanks.                                                                  | Is gas currently connected? When                                         |
| Unit: G Sec: 10 Twp: 31N Range: 13W                                                                                       | Yes                                                                      |

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

4/83 DHC 375

NOTE: Complete Parts IV and V on reverse side if necessary.

IV. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

*Kay E. Robinson*  
(Signature)  
Engineering Technician  
(Title)  
10/21/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank D. Dwyer* NOV 22 1985  
BY  
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.

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

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.