

EXHIBIT "B" - CASE NO. 11353, ORDER NO. R-10470-A

DISTRICT I
P.O. Box 1880, Hobbs, NM 88240
DISTRICT II
311 South First St., Artesia, NM 88210
DISTRICT III
1800 Pop Spruce Rd, Artesia, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
2040 S. Pacheco
Santa Fe, New Mexico 87505-6429

RECEIVED

Form C-107-A
New 3-12-96

FEB 7 1997

APPROVAL/PROCESS:
Administrative Hearing
EXISTING WELLBORE
YES NO

APPLICATION FOR DOWNHOLE COMMINGLING

Operator: Coastal Oil & Gas Corporation Address: P. O. Box 235, Midland, Texas 79702
State: "27" Well No.: 3 Lease No.: A-27-14S-32E County: Lea
OGRID NO. 004762 Property Code 002906 API NO. 30-025-28613 Spacing Unit Lease Types: (check 1 or more)
Federal State Landlord Fee

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zones	Lower Zone
1. Pool Name and Pool Code	60263 Tulk Abo		60380 Tulk Penn
2. Top and Bottom of Pay Section (Perforations)	8879'-8904'		9786'-9860'
3. Type of production (Oil or Gas)	Oil		Oil
4. Method of Production (Flowing or Artificial Lift)	Artificial Lift		Artificial Lift
5. Bottomhole Pressure Oil Zones - Artificial Lift: Gas & Oil - Flowing: AR Gas Zones: Estimated Current Measured Current Estimated Or Measured Original	a. (Current) 150	a.	a. 125
	b. (Original) 200	b.	b. 200
6. Oil Gravity (^o API) or Gas BTU Content	41.4		41.8
7. Producing or Shut-In?	Producing		Shut-In
Production Marginal? (yes or no)	YES		
* If Shut-In, give date and oil/gas/water rates of last production <small>Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data</small>	Date: Rates:	Date: Rates:	Date: 1/87 Rates: 4/2/37
	Date: 4/30/96 Rates: 3/4/1	Date: Rates:	Date: Rates:
* If Producing, give date and oil/gas/water rates of recent test (within 60 days)			
8. Fixed Percentage Allocation Formula - % for each zone	Oil: 42 % Gas: 58 %	Oil: % Gas: %	Oil: 10 % Gas: 90 %

9. If allocation formula is based upon something other than current or past production, or is based upon some other method, submit attachments with supporting data and/or explaining method and providing rate projections or other required data.
10. Are all working, overriding, and royalty interests identical in all commingled zones?
If not, have all working, overriding, and royalty interests been notified by certified mail?
Have all offset operators been given written notice of the proposed downhole commingling?
 Yes No Yes No Yes No
11. Will cross-flow occur? Yes No If yes, are fluids compatible, will the formations not be damaged, will any cross-flowed production be recovered, and will the allocation formula be reliable. Yes No (If No, attach explanation)
12. Are all produced fluids from all commingled zones compatible with each other? Yes No
13. Will the value of production be decreased by commingling? Yes No (If Yes, attach explanation)
14. If this well is on, or communitized with, state or federal lands, either the Commissioner of Public Lands or the United States Bureau of Land Management has been notified in writing of this application. Yes No
15. NMOCD Reference Cases for Rule 303(C) Exceptions: ORDER NO(S) _____
16. ATTACHMENTS:
 * C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
 * Production curve for each zone for at least one year. (If not available, attach explanation.)
 * For zones with no production history, estimated production rates and supporting data.
 * Data to support allocation method or formula.
 * Notification list of all offset operators.
 * Notification list of working, overriding, and royalty interests for uncommon interest cases.
 * Any additional statements, data, or documents required to support commingling.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Donna Harry TITLE Production Analyst DATE 6/24/96
TYPE OR PRINT NAME Donna Harry TELEPHONE NO. (915) 682-7925

1558

~~1558~~

District I
PO Box 1988, Hobbs, NM 88241-1988
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87418
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-28613		Pool Code 60263	Pool Name Tulk Abo
Property Code 002906	Property Name State "27"		Well Number 3
OGRID No. 004762	Operator Name Coastal Oil & Gas Corporation		Elevation 4317 KB

10 Surface Location

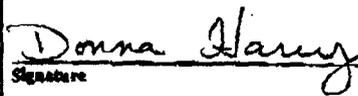
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	27	14S	32E		990	North	1300	East	Lea

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acre 160	Joint or Infill N	Consolidation Code	Order No.
-----------------------	----------------------	--------------------	-----------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16				17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.		
				Signature 		
				Printed Name Donna Harry		
				Title Production Analyst		
Date 6/24/96					18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.	
Date of Survey						
Signature and Seal of Professional Surveyor: See attached survey!						
Certificate Number						

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAN

Form No. 1
Supersedes Form
1-1-1973

All distances must be from the outer boundaries of the Section

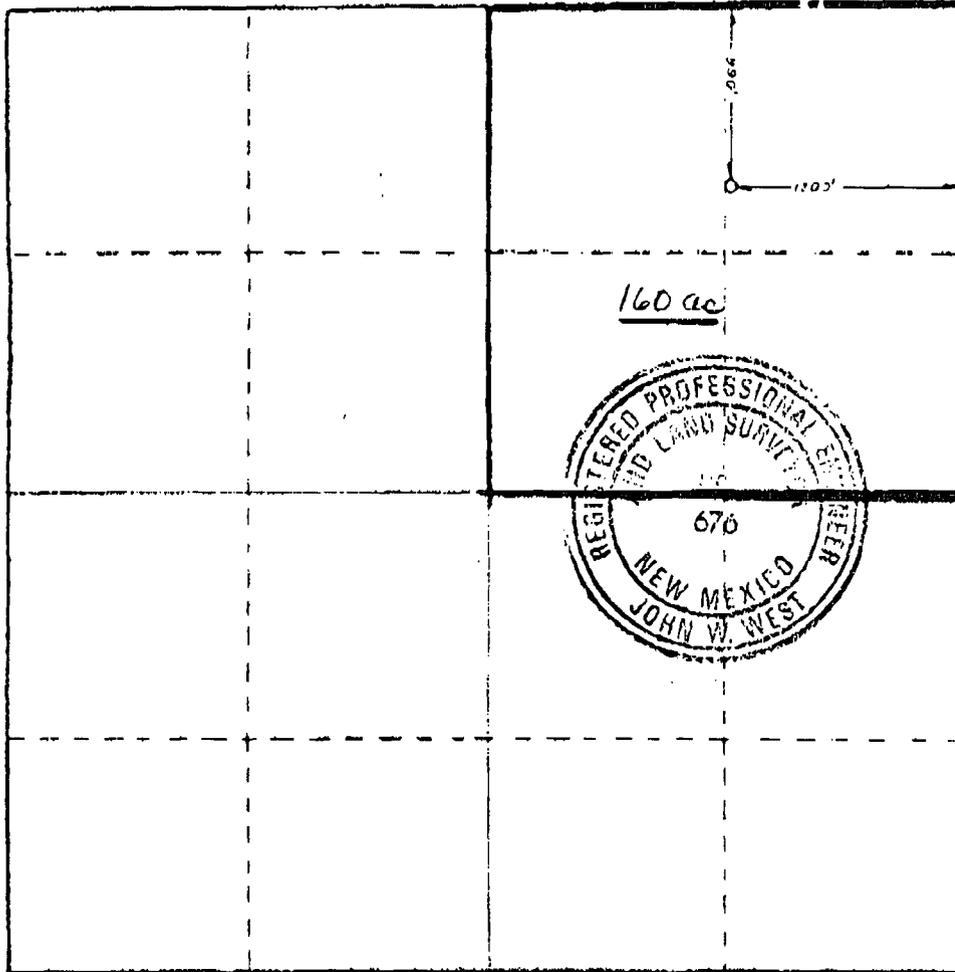
Operator COASTAL OIL & GAS CORP.		County STATE 27		Section 3
Well Letter A	Section 27	Township 14S	Range 32E	County LEA
Actual Location of Well:				
990	feet from the NORTH	line and	1300	feet from the EAST
Surface Level Elev. 4304.8	Producing Formation Bough "B" & "C"		Zone Tulk Penn	Depth ~160

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Sue Vanderford
Sue Vanderford
Operations Analyst

Coastal Oil & Gas Corp.

2-8-84

I hereby certify that the well location shown on this plan was plotted from true notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief

Date of Survey
2/6/84

Registered Professional Engineer
in the State of New Mexico

John W. West
JOHN W. WEST
REGISTERED PROFESSIONAL ENGINEER

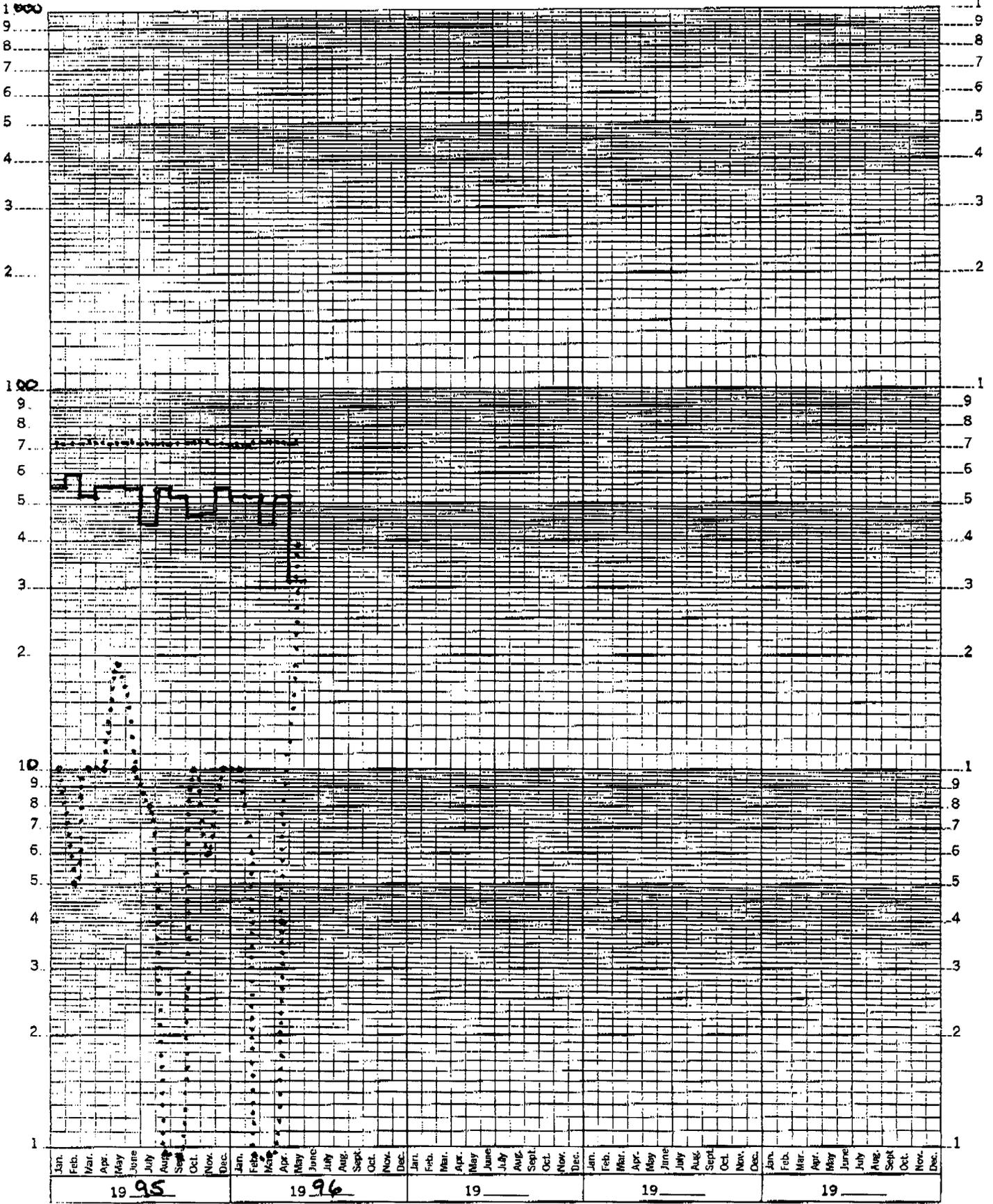
State "27" #3

Monthly Production

OIL ---
GAS ---
WATER ...

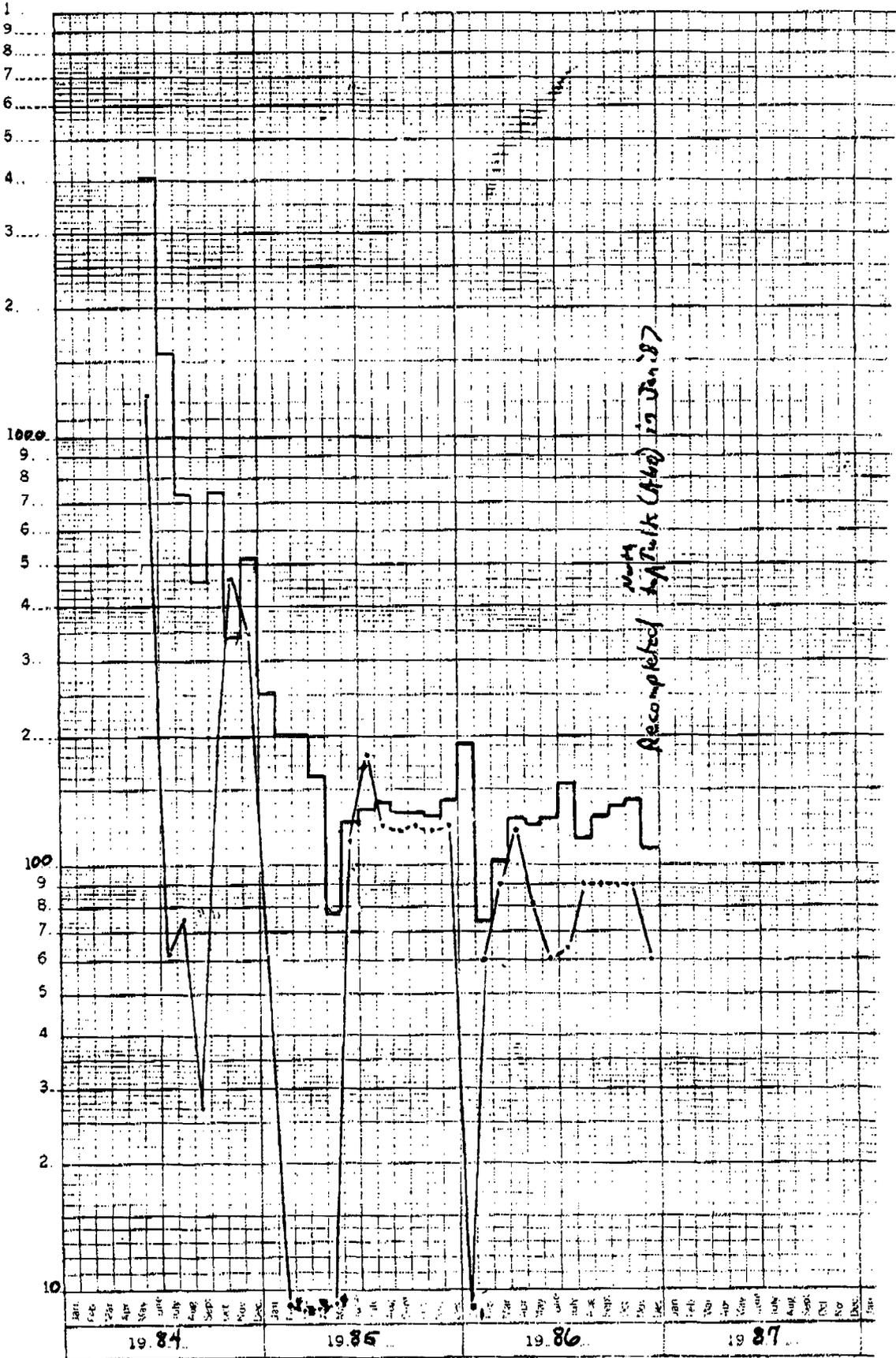
46 6690

5 YEARS BY MONTHS x 3 LOG CYCLES
KEUFFEL & ESSER CO. AMEN 11.1



State "27" #3

Oil —
Water ---



62-290-01 D01

PRODUCTION REPORTING SYSTEM
PRODUCTION HISTORY DATA

05/06/84
12:17:44
NOV 13 1980

WELL NAME/ZONE: 3534201 - State "27" #3

DATE INCEPT DATE WELL TYPE PROD DAYS
MMYY MYY

OIL SALES GAS SALES

OIL PRODUCTION GAS PRODUCTION WATER PRODUCTION WATER INJECTION

DIL BOTTLER/ VENTED/ GAS VOLUMES OTHER PRESS
LAST DATE FLARED LOSS COMPRESS FUEL SHRINK LEASE USE GAIN

SKIN/ TANK OIL VOLUMES TEST/ SKIN/ LEASE USE GAIN
SCRUBBER CLEANING CIRCULATING SPILLED SEDIMENT OTHER

Since this is a one-well lease, the allocation data is derived at by taking
the production and dividing by days produced.

Offset Operators for State "27" #3
API #30-025-28613

Yates Energy Corporation
P. O. Box 2323
Roswell, NM 88202

List of Royalty and Working Interest
Owners for State "27" #3
API #30-025-28613

State of New Mexico
Commissioner of Public Lands
P. O. Box 1148
Santa Fe, NM 87504-1148

Royalty Owner - 12.50%

Coastal Oil & Gas Corp.
Nine Greenway Plaza
Houston, Texas 77046

Working Interest Owner - 87.50%

WORKOVER PROCEDURE

Coastal Oil & Gas Corporation
State 27 Well Number 3
Tulk Field
Lea County, New Mexico

The subject well is currently producing at a rate of 1.5 BOPD and 10 BWPD from the Abo formation from the gross perforated interval @ 8879' - 8904'. The Bough -B- & -C- zones are currently shut-in from the gross perforated interval @ 9786' - 9865'. Prior to going off production the Bough -B- & -C- zones produced at a rate of 4 BOPD & 40 BWPD. The procedure will commingle the Bough -B- & -C- zones and the Abo zones.

Current Abo Perforations: 8612', 8617', 8620 -30', 8634 -40', 8732', 8738', 8744', 8756 -64', 8776', 8782', 8879 -8904'.

Current Penn. Perforations: 9786 -90', 9797 - 9810', 9826 -29', 9835 -60'.

1. MI&RU pulling unit.
2. POH w/ rods and pump.
3. GIH w/ tbg and latch onto RBP @ 9000.
4. Go in hole slowly w/ RBP & tbg. Clear bottom perf @ 9860'. POH w/ tubing and RBP.
5. Clean out fill if necessary.
6. Perforate from the Sidewall Neutron/GR log of 5-8-84 using a 4" casing gun w/ 4 spf the following intervals : 8588-92', 8602 -8604', 8612-18', 8938 - 41', 8946 - 52' (Abo zone) and 9606 -09', 9628-38, 9754 - 64' (Penn. zone).
7. GIH w/ PIP treating tool and tbg. BD each perforated interval with 50 gals 15 % HCL per foot perforated.
8. Swab well back.
9. POH w/ tbg.
10. GIH w/ tbg, rods, and pump. Set pump @ 9865'.
8. RD pulling unit.

To ... David Catenach ...



From

DONNA

2/7/97

Energy & Minerals Department

OIL CONSERVATION DIVISION

P O Box 1980

Hobbs NM 88241

Telephone Number (505) 393-6161

- For Your Files
- Prepare a Reply for My Signature
- For Your Review and Return
- For Your Information
- For Your Handling
- For Your Approval
- As Per Your Request
- For Your Signature
- Please Advise
- For Your Attention



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

7/3/96

POST OFFICE BOX 1880
HOBBS, NEW MEXICO 88241-1880
(505) 399-6167

GOVERNOR

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RE: Proposed:

- MC _____
- DHC _____
- NSL _____
- NSP _____
- SWD _____
- WFX _____
- PMX _____

Gentlemen:

I have examined the application for the:

Coastal Oil & Gas Corp State 27 #3-A 27-145-32e
 Operator Lease & Well No. Unit S-T-R

and my recommendations are as follows:

OK

Yours very truly,

Jerry Sexton
Supervisor, District 1

/ed

at 28
had 4

E&P DIVISION

FACSIMILE TRANSMITTAL PAGE

COASTAL TOWER
NINE GREENWAY PLAZA
HOUSTON, TEXAS 77046

DATE: May 5, 1997

THIS TRANSMISSION CONSISTS OF 4 PAGES (INCLUDING COVER)

TO: DAVID CATANACH

COMPANY/FIRM _____

CITY/STATE: _____

FAX #: (505) 827-8177 CONFIRMATION #:

FROM: Deborah Moore - Environmental & Safety Affairs

TELEPHONE #: (713) 877-7590 FROM FAX #: (713) 297-1938

INSTRUCTIONS:

CONFIDENTIALITY NOTICE: This message is intended only for the use of the individual or entity designated above, is confidential and may contain information that is legally privileged or exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution, copying or use of or reliance upon the information contained in and transmitted with this facsimile transmission by or to anyone other than the recipient designated above by the sender is not authorized and strictly prohibited. If you have received this communication in error, please immediately notify the sender by telephone and return it to the sender by U.S. Mail, or destroy it if authorization is granted by the sender. Thank you.

If you have any trouble receiving the above specified pages, please call sender.

VDP

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-28613
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 004762
7. Lease Name or Unit Agreement Name State 27
8. Well No. 3
9. Pool name or Wildcat Abo
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4317 KB

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Coastal Oil & Gas Corporation
3. Address of Operator 9 Greenway Plaza #2751, Houston, TX 77046
4. Well Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1300</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>14-S</u> Range <u>32-E</u> NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIATION WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>downhole commingle</u> <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6/26 Well producing 1.5 BO, 10 BWPD, from ABO zone

6/27 - POH w/pump, Rods & TBC. TIH w/Retrieving tool to recover/RBP @ 9000' Latch RBP. Tag PBD @ 9888' POH.

6/28 - Perforate ABO 8588' - 8952' & Penn 9606' - 9764'. Acidize w/8100 gal 15% NEFE acid

6/29 - Testing

7/13 - Initial oil production

8/13 - Final Potential 1959 BO, 5555 BWPD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deborah Moore TITLE Env. & Safety Analyst DATE 9/16/97

TYPE OR PRINT NAME Deborah Moore TELEPHONE NO. 877-7590

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate District Office
 State Lease - 6 copies
 Fee Lease - 5 copies
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-105
 Revised 1-1-89

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

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

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

WELL API NO. 30-025-28613
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-00522

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____	7. Lease Name or Unit Agreement Name State 27
b. Type of Completion: NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF RESVR <input checked="" type="checkbox"/> OTHER <u>Commingle</u>	
2. Name of Operator Coastal Oil & Gas Corporation	8. Well No. 3
3. Address of Operator 9 Greenway Plaza #2751, Houston, TX 77046	9. Pool name or Wildcat ABO

4. Well Location
 Unit Letter A : 990 Feet From The North Line and 1300 Feet From The East Line
 Section 27 Township 14-S Range 32-E NMPM Lea County

10. Date Spudded 4/84	11. Date T.D. Reached 4/11/84	12. Date Compl. (Ready to Prod.) 7/2/96	13. Elevations (DF& RKB, RT, GR, etc.) 4317 KB	14. Elev. Casinghead
--------------------------	----------------------------------	--	---	----------------------

15. Total Depth 10,000	16. Plug Back T.D. 9,000	17. If Multiple Compl. How Many Zones? <u>2</u>	18. Intervals Drilled By Rotary Tools _____ Cable Tools _____
---------------------------	-----------------------------	---	--

19. Producing Interval(s), of this completion - Top, Bottom, Name
 Abo Zone PennBough B & C Zone

20. Was Directional Survey Made
 No

21. Type Electric and Other Logs Run _____

22. Was Well Cored _____

23. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24# + 28#	4100	12 1/4	2400 sxs	
5 1/2	17#	10,000	7 7/8	425 sxs	

24. LINER RECORD				25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2 3/8	9875'
					2 7/8	9875'

26. Perforation record (interval, size, and number)

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
8588 - 8952'	8100 sals 15% NEFF
9606 - 9764'	

28. PRODUCTION

Date First Production 7/2/96	Production Method (Flowing, gas lift, pumping - Size and type pump) Pump	Well Status (Prod. or Shut-in) Producing					
Date of Test 7/13/96	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl. 36	Gas - MCF 87	Water - Bbl. 191	Gas - Oil Ratio
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)	

29. Disposition of Gas (Sold, used for fuel, vented, etc.) _____

Test Witnessed By _____

30. List Attachments _____

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

Signature Deborah Moore Printed Deborah Moore Env. & Safety Title Analyst Date 9/16/97

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Coastal Oil & Gas Corporation	Well API No. 30-025-28613
Address 9 Greenway Plaza # 2751, Houston, TX 77046	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Downhole Commingle

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 27	Well No. 3	Pool Name, including Formation Abo	Kind of Lease State, Federal or Fee	Lease No. 004762
Location Unit Letter A : 990 Feet From The North Line and 1300 Feet From The East Line Section 27 Township 14-S Range 32-E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized 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)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Soc. Twp. Rge. Is gas actually connected? When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
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			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 7/13/96	Date of Test 7/13/96	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 36	Water - Bbls. 191	Gas- MCF 87

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Deborah Moore
Signature
Deborah Moore Env. & Safety Analyst
Title
Printed Name
Date **9/16/97** Telephone No. **713 877-7590**

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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

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