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| TRANSPORTER OIL |
| GAS |
| OPERATOR |
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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| Operator | Benson-Montin-Greer Drilling Corp. |
| Address | 221 Petroleum Center Building, Farmington, NM 87401 |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner _____

| | | | | |
|-------------------------------|----------|---|----------------------------|-------------------------|
| DESCRIPTION OF WELL AND LEASE | | | | |
| Lessee Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Canada Ojitos Unit | 27 | West Puerto Chiquito Mancos | State, Federal or Fee Fed. | NM 28697 |
| Location | | | | |
| Unit Letter | K J | 2166 Feet From The East Line and 1680 Feet From The South | | |
| Line of Section | 8 | Township 24N | Range 1W | NMPM, Rio Arriba County |


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| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Ciniza Pipe Line, Inc. | P.O. Box 1887, Bloomfield, NM 87413 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Co. | 614 Reilly Ave., Farmington, NM 87401 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? Yes When |
| | K 8 24N 1W For reinjection First Production |

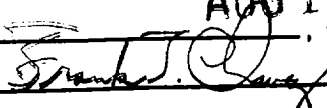
If this production is commingled with that from any other lease or pool, give commingling order number: _____

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|--------------------------------------|---|-----------------|--------------|
| COMPLETION DATA | | | |
| Designate Type of Completion - (X) | Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. 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 |
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| TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL | | (Test must be after recovery of total volume of load oil and gas to be produced or exceed top allowable for this depth or be for full 24 hours) | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

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| CERTIFICATE OF COMPLIANCE | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | |
|  | |
| Vice-President | (Title) |
| August 6, 1987 | (Date) |

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| OIL CONSERVATION COMMISSION | |
| AUG 13 1987 | |
| APPROVED | BY |
| |  |
| SUPERVISOR DISTRICT # 3 | |
| TITLE | |
| This form is to be filed in compliance with RULE 1104. | |
| If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | |
| All sections of this form must be filled out completely for allowable on new and recompleted wells. | |
| Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. | |
| Separate Forms C-104 must be filed for each pool in multiply completed wells. | |