P.O. Box 200.

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 kto Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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LEASEMENT OF PETENLETIM (AMERICAS) INC., \$847 San Felipe. Suite 3600, Houston, TX.77. ID. DESCRIPTION OF WELL AND LEASE Lase New Northeast Hopback Unit 22 Not Seeshoe-Callup Bot Footnies Children G 1980 Foot From The North Line and 2070: Feet From The East Line Section 15 Township 30N Range 16W NORM, San Juan Courty III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL BY Name of Authorised Transporter of OIL OIL OF Condensate Address (Gine address to which approved copy of this form is to be sent) Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 Name of Authorised Transporter of Causinghed Use Or Dry Cas L. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which approved copy of this form is to be sent) P. O. BOX: 159. Bloomf. 161.0. NN 874.13 No. Address (Gine address to which appr			-										
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Northeast Hogback Unit 22 Borseshoe-Callup Description North Line and 2070 Feet From The East Line 3 Section 15 Township 30N Easing 16W NNFM San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Octoberate P.O. Bory 159 Bloomf feeld RM 874/13 Name of Authorized Transporter of Caringhed Gas Or Condenses P.O. Bory 159 Bloomf feeld RM 874/13 Name of Authorized Transporter of Caringhed Gas Or Dy Cas Address (Give address to whick approved copy of this form is as be seen) Note: Authorized Transporter of Caringhed Gas Or Dy Cas Address (Give address to whick approved copy of this form is as be seen) Note: Authorized Transporter of Caringhed Gas Day 1 On Son 1 S					•								
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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 Secured I. II. 1. 1. 3 VI for changes of operator, well name or number, transporter, or other such changes.

 4) Superfer Ford C-10 in the confidence of the capt pool in multiply completed wells.