

Submit 5 Copies  
Appropriate District Office  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator BASIN MINERALS, LTD.		Well API No.
Address c/o Walsh Engr. & Prod. Corp. P. O. Drawer 419 Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <u>Amoco</u> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> TO: BASIN MINERALS, LTD. Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective: 2/1/89		
If change of operator give name and address of previous operator <u>Tenneco Oil Company P.O. Box 3249 Englewood, Co 80155</u> <u>Amoco Prod. Co.</u>		

Lease Name Atlantic "A" <u>LS</u>		Well No. 13	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease state State, Federal or Fee	Lease No. FEE
Location Unit Letter <u>B</u> : <u>900</u> Feet From The <u>North</u> Line and <u>1670</u> Feet From The <u>East</u> Line Section <u>26</u> Township <u>31N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Amoco</u>		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 checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>		Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4990 Farmington, N.M. 87499</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?
					<u>Yes</u>
If this production is commingled with that from any other lease or pool, give commingling order number:					

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				

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 full 24 hours.)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
OIL CON. DIV DIST. 3		

GAS WELL		Bbls. Condensate/MWCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
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.	
FOR: BASIN MINERALS, LTD. ORIGINAL SIGNED BY EWELL N. WALSH	
Signature Ewell N. Walsh, President Walsh Engr. & Prod. Corp.	Title 505 327-4892
Printed Name 1/31/89	Telephone No.
Date	

OIL CONSERVATION DIVISION	
Date Approved	<u>2/28/89</u>
By	<u>Supervisor</u>
Title	SUPERVISION DISTRICT # 3

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.