AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROPARTOR 2 PROPERTION Asted Oil and Gas Address Drawer 570, Farmington, New Mewico Reason(s) for filing (Check proper box) New Wei! Change in Transporter of: Casinghead Gas Condensate If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE Lease Name Desker 4 Blanco Mesaverde State, Federal or Fee Fee Location Unit Letter M; 990 Feet From The South Line and 990 Feet From The West Line of Section 10 Township 32N Range 12W NMPM, San Juan Cou DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Desker State, Federal or Fee Fee Name of Authorized Transporter of Oil or Condensate Desker State, Federal or Fee Fee Name of Authorized Transporter of Oil or Condensate Desker State, Federal or Fee Fee Name of Authorized Transporter of Oil or Condensate Desker State, Federal or Fee Fee Name of Authorized Transporter of Oil or Condensate Desker State State, Federal or Fee Fee Name of Authorized Transporter of Oil or Condensate Desker State St					/	
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Line of Section 10 Township 32N Range 12W NNPM, San Juan Coulomb	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fe	ormation Kind o	f Lease	Lease No.	
Line of Section Unit Letter M , 990 Feet From The SOUTH Line and 990 Feet From The West	Decker	4 Blanco Mesavi	erde State, Federal or F		Fee	
Line of Section 10 Township 32N Range 12W NMPM, San Juan Country						
Designation of Transporter of Oil	Unit Letter <u>M</u> ; 990	Feet From The South Lin	e and 990 Fee	From The <u>Wes</u>	<u>t</u>	
Name of Authorized Transporter of Oil	Line of Section 10 Tow	nship 32N Range	12W , NMPM,	San Juan	Coun'y	
Name of Authorized Transporter of Casinghead Gas or Diy Gas Address (Give address to which approved copy of this form is to be sent) Southern Union Gathering If well produces cit or liquids, Unit Sec. Twp. Fige. Is gan actually connected? When Attention: Mr. Ha que location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Pred. Date Spudded Date Compl. Ready to Pred. S-31-69 Elevations (DF, RKB, RT, GR, etc.) Mesaverde Afron-80, 4802-18, 4822-50, 4854-68 2 SEF TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 15" 10-3/4" 322! 300 sc. 9-7/8" 4-1/2" 4-1/2" Top-4533, bottom-2800 John John John John John John John John	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA	S Address (Give address to whic	h approved copy of	this form is to be sent)	
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KLULIY	Date First New Oil Run To Tanks	Date of Test			FPENA	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF					/ KLULIY LD	
	Actual Prod, During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	JUL 3 1960	

OIL CON GAS WELL Bbls. Condensate/MMCF lens DIST. 3 Actual Prod. Test-MCF/D Length of Test Gravity of C 3530 3 hr Tubing Pressure (Shmb-Am) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) back pr3essure 857 3/4"

VI. 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.

(de)

OIL CONSERVATION COMMISSION

1969 AUG 5

Mr. Haseltin

APPROVED_

By Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 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 deviction 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. seconds Forms C-104 must be filed for each cool in multiply