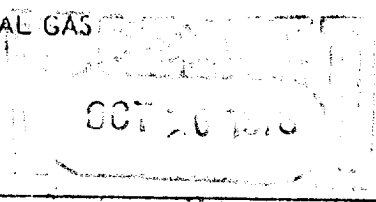


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U.S.G.S.
LAND OFFICE
TRANSPORTER OIL GAS
OPERATOR
PRORATION OFFICE

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



Operator
CO2-In-Action, Inc.

Address
P.O. Box 2748 Amarillo, Texas 79105

Reason(s) for filing (Check proper box)
New Well
Recompletion
Change in Ownership
Change in Transporter of:
Oil
Casinghead Gas
Dry Gas
Condensate
Other (Please explain)

If change of ownership give name and address of previous owner
Adams & McGahey 1407 W. 6th, Amarillo, Texas

DESCRIPTION OF WELL AND LEASE

Lease Name: Minerals
Well No.: 1
Pool Name, including Formation: N. Bueyeros, Santa Rosa
Kind of Lease: State, Federal or Fee fee
Lease No.
Location:
Unit Letter: B
Feet From The north Line and 1980 Feet From The east
Line of Section: 16
Township: 21N
Range: 30E
County: Harding

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
N/A
Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas
Will be used by CO2-In-Action for liquid CO2 dry ice manufacturing
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, Sec., Twp., Rge.
Is gas actually connected? When
yes Sep. 15, 1978

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

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

Table with 4 columns: HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, SACKS CEMENT

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 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
AOF 1,090 MCF/D
4 points 3/4 hr. each
Testing Method (pilot, back pr.)
Tubing Pressure (shut-in)
Casing Pressure (Shut-in)
Choke Size
back pressure
N/A
39#
see attachment

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.
Edward H. Ashe
Geologist
October 5, 1978

OIL CONSERVATION COMMISSION

APPROVED Oct. 10, 1978
BY Carl Wray
TITLE SENIOR PETROLEUM GEOLOGIST

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.