

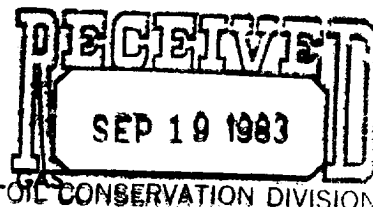
OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

|                        |     |
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| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PERFORATION OFFICE     |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator **BLACK OIL, INC.** (same company - simple change of company name) **SANTA FE**

Address **P.O. Box 537, Farmington, NM 87499**

Reason(s) for filing (Check proper box)

|                     |                                     |                           |                          |                           |  |
|---------------------|-------------------------------------|---------------------------|--------------------------|---------------------------|--|
| New Well            | <input type="checkbox"/>            | Change in Transporter of: |                          | Other (Please explain)    |  |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> | Change of Operator        |  |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/> | (Changed name of company) |  |
|                     |                                     | Dry Gas                   | <input type="checkbox"/> |                           |  |
|                     |                                     | Condensate                | <input type="checkbox"/> |                           |  |

If change of ownership give name and address of previous owner **Colorado Plateau Geological Services, Inc.**  
**P.O. Box 537, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                             |                      |                                                  |                                        |     |           |
|-------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------|----------------------------------------|-----|-----------|
| Lease Name<br><b>Ferrill</b>                                                                                | Well No.<br><b>2</b> | Pool Name, Including Formation<br><b>Wildcat</b> | Kind of Lease<br>State, Federal or Fee | Fee | Lease No. |
| Location                                                                                                    |                      |                                                  |                                        |     |           |
| Unit Letter <b>0</b> ; <b>330</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> |                      |                                                  |                                        |     |           |
| Line of Section <b>5</b> Township <b>13N</b> Range <b>9E</b> , NMPM, <b>Santa Fe</b> County                 |                      |                                                  |                                        |     |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                               |                                                                          |      |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | 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 type="checkbox"/> | 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                                          |      |

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

V. COMPLETION DATA

|                                                      |                                             |          |                             |          |                                          |                                     |             |              |
|------------------------------------------------------|---------------------------------------------|----------|-----------------------------|----------|------------------------------------------|-------------------------------------|-------------|--------------|
| Designate Type of Completion - (X)                   | Oil Well                                    | Gas Well | New Well                    | Workover | Deepen                                   | Plug Back                           | Same Res'y. | Diff. Res'y. |
|                                                      |                                             |          |                             |          |                                          | <input checked="" type="checkbox"/> |             |              |
| Date Spudded<br><b>3/29/82</b>                       | Date Compl. Ready to Prod.<br><b>4/2/82</b> |          | Total Depth<br><b>1610'</b> |          | P.B.T.D.<br><b>Plugged and abandoned</b> |                                     |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br><b>5918 KB</b> | Name of Producing Formation<br><b>-</b>     |          | Top Oil/Gas Pay<br><b>-</b> |          | Tubing Depth<br><b>-</b>                 |                                     |             |              |
| Perforations<br><b>None</b>                          |                                             |          |                             |          | Depth Casing Shoe<br><b>-</b>            |                                     |             |              |

TUBING, CASING, AND CEMENTING RECORD

|                                                        |                      |             |                   |
|--------------------------------------------------------|----------------------|-------------|-------------------|
| HOLE SIZE                                              | CASING & TUBING SIZE | DEPTH SET   | SACKS CEMENT      |
| <b>10"</b>                                             | <b>8-5/8"</b>        | <b>200'</b> | <b>To surface</b> |
| <b>6 1/4" cement plugs: 1100' to 1610' - 500' plug</b> |                      |             |                   |
| <b>750' 59 1000' - 250' plug and 200' to surface.</b>  |                      |             |                   |

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)

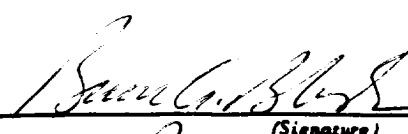
|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (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 |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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.

  
(Signature)  
**President**  
(Title)  
**14 Sept 1983**  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

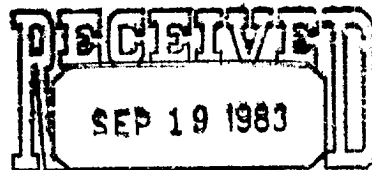
TITLE \_\_\_\_\_

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.

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS CONSERVATION DIVISION  
SANTA FE

|                                                                |                                                                                  |
|----------------------------------------------------------------|----------------------------------------------------------------------------------|
| Operator                                                       | BLACK OIL, INC. (same company - simple change of company name)                   |
| Address                                                        | P.O. Box 537, Farmington, NM 87499                                               |
| Reason(s) for filing (Check proper box)                        | Other (Please explain)                                                           |
| New Well <input type="checkbox"/>                              | Change in Transporter of:                                                        |
| Recompletion <input type="checkbox"/>                          | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                    |
| Change in Ownership <input checked="" type="checkbox"/>        | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>      |
| Change of Operator<br>(Changed name of company)                |                                                                                  |
| If change of ownership give name and address of previous owner | Colorado Plateau Geological Services, Inc.<br>P.O. Box 537, Farmington, NM 87499 |

## DESCRIPTION OF WELL AND LEASE

|                 |          |                                |                       |          |                           |
|-----------------|----------|--------------------------------|-----------------------|----------|---------------------------|
| Lease Name      | Well No. | Pool Name, including Formation | Kind of Lease         | Fee      | Lease No.                 |
| Ferrill         | 2        | Wildcat                        | State, Federal or Fee |          |                           |
| Location        |          |                                |                       |          |                           |
| Unit Letter     | 0        | 330 Feet From The              | South                 | Line and | 1980 Feet From The        |
| Line of Section | 5        | Township                       | 13N                   | Range    | 9E, NMPM, Santa Fe County |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                               |                                                                          |      |      |      |                            |      |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|------|------|----------------------------|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | 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 type="checkbox"/> | 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 |

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. |
|                                    |                             |                 |                       |          |        | X         |             |              |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.              |          |        |           |             |              |
| 3/29/82                            | 4/2/82                      | 1610'           | Plugged and abandoned |          |        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth          |          |        |           |             |              |
| 5918 KB                            | -                           | -               | -                     |          |        |           |             |              |
| Perforations                       | Depth Casing Shoe           |                 |                       |          |        |           |             |              |
| None                               | -                           |                 |                       |          |        |           |             |              |

## TUBING, CASING, AND CEMENTING RECORD

|                                                 |                      |           |              |
|-------------------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE                                       | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 10"                                             | 8-5/8"               | 200'      | To surface   |
| 6 1/4" cement plugs: 1100' to 1610' - 500' plug |                      |           |              |
| 750' 59 1000' - 250' plug and 200' to surface.  |                      |           |              |

## 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 |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

## 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.

  
(Signature)  
President  
(Title)  
14 Sept 1983  
(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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.

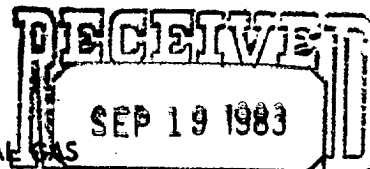
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION

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| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

Operator BLACK OIL, INC. (same company - simple change of company name) SANTA FE

Address P.O. Box 537, Farmington, NM 87499

Reason(s) for filing (Check proper box)

|                     |                                     |                           |                          |
|---------------------|-------------------------------------|---------------------------|--------------------------|
| New Well            | <input type="checkbox"/>            | Change in Transporter of: |                          |
| Recompletion        | <input type="checkbox"/>            | Oil                       | <input type="checkbox"/> |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas            | <input type="checkbox"/> |
|                     |                                     | Dry Gas                   | <input type="checkbox"/> |
|                     |                                     | Condensate                | <input type="checkbox"/> |

Other (Please explain)

Change of Operator  
(Changed name of company)If change of ownership give name and address of previous owner Colorado Plateau Geological Services, Inc.  
P.O. Box 537, Farmington, NM 87499

## DESCRIPTION OF WELL AND LEASE

|                                                                          |               |                                           |                                        |     |           |
|--------------------------------------------------------------------------|---------------|-------------------------------------------|----------------------------------------|-----|-----------|
| Lease Name<br>Ferrill                                                    | Well No.<br>2 | Pool Name, Including Formation<br>Wildcat | Kind of Lease<br>State, Federal or Fee | Fee | Lease No. |
| Location                                                                 |               |                                           |                                        |     |           |
| Unit Letter 0 ; 330 Feet From The South Line and 1980 Feet From The East |               |                                           |                                        |     |           |
| Line of Section 5 Township 13N Range 9E , NMPM, Santa Fe County          |               |                                           |                                        |     |           |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                               |                                                                          |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | 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 type="checkbox"/> | 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                      |

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<br>3/29/82                       | Date Compl. Ready to Prod.<br>4/2/82 | Total Depth<br>1610' | P.B.T.D.<br>Plugged and abandoned |          |        |                        |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br>5918 KB | Name of Producing Formation<br>-     | Top Oil/Gas Pay<br>- | Tubing Depth<br>-                 |          |        |                        |             |              |
| Perforations<br>None                          |                                      |                      |                                   |          |        | Depth Casing Shoe<br>- |             |              |

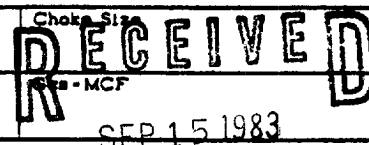
## TUBING, CASING, AND CEMENTING RECORD

|                                                 |                      |           |              |
|-------------------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE                                       | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 10"                                             | 8-5/8"               | 200'      | To surface   |
| 6 1/2" cement plugs: 1100' to 1610' - 500' plug |                      |           |              |
| 750' 59 1000' - 250' plug and 200' to surface.  |                      |           |              |

## 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 |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

OIL CON. DIV.  
DIST. 3

## 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.

(Signature)

President

(Title)

14 Sept 1983

(Date)

## OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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.

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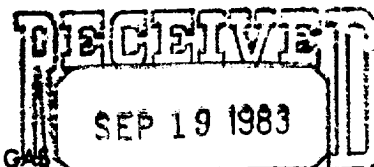
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



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| FILE                   |            |
| U.S.G.S.               |            |
| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PROMOTION OFFICE       |            |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION

Operator BLACK OIL, INC. (same company - simple change of company name) SANTA FE

Address P.O. Box 537, Farmington, NM 87499

|                                                         |                                         |                           |  |
|---------------------------------------------------------|-----------------------------------------|---------------------------|--|
| Reason(s) for filing (Check proper box)                 |                                         | Other (Please explain)    |  |
| New Well <input type="checkbox"/>                       | Change in Transporter of:               | Change of Operator        |  |
| Recompletion <input type="checkbox"/>                   | Oil <input type="checkbox"/>            | (Changed name of company) |  |
| Change in Ownership <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> |                           |  |
|                                                         | Dry Gas <input type="checkbox"/>        |                           |  |
|                                                         | Condensate <input type="checkbox"/>     |                           |  |

If change of ownership give name and address of previous owner Colorado Plateau Geological Services, Inc.  
P.O. Box 537, Farmington, NM 87499

DESCRIPTION OF WELL AND LEASE

|                                                                          |               |                                           |                                        |     |           |
|--------------------------------------------------------------------------|---------------|-------------------------------------------|----------------------------------------|-----|-----------|
| Lease Name<br>Ferrill                                                    | Well No.<br>2 | Pool Name, including Formation<br>Wildcat | Kind of Lease<br>State, Federal or Fee | Fee | Lease No. |
| Location                                                                 |               |                                           |                                        |     |           |
| Unit Letter 0 ; 330 Feet From The South Line and 1980 Feet From The East |               |                                           |                                        |     |           |
| Line of Section 5 Township 13N Range 9E , NMPM, Santa Fe County          |               |                                           |                                        |     |           |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                               |                                                                          |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | 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 type="checkbox"/> | 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                      |

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

COMPLETION DATA

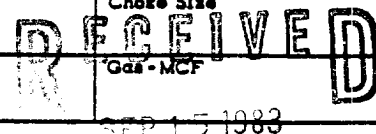
|                                               |                                      |                      |          |                                   |                        |           |             |              |
|-----------------------------------------------|--------------------------------------|----------------------|----------|-----------------------------------|------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X)            | Oil Well                             | Gas Well             | New Well | Workover                          | Deepen                 | Plug Back | Same Res'v. | Diff. Res'v. |
|                                               |                                      |                      |          |                                   |                        | X         |             |              |
| Date Spudded<br>3/29/82                       | Date Compl. Ready to Prod.<br>4/2/82 | Total Depth<br>1610' |          | P.B.T.D.<br>Plugged and abandoned |                        |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)<br>5918 KB | Name of Producing Formation<br>-     | Top Oil/Gas Pay<br>- |          | Tubing Depth<br>-                 |                        |           |             |              |
| Perforations<br>None                          |                                      |                      |          |                                   | Depth Casing Shoe<br>- |           |             |              |

TUBING, CASING, AND CEMENTING RECORD

|                                                 |                      |           |              |
|-------------------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE                                       | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 10"                                             | 8-5/8"               | 200'      | To surface   |
| 6 1/2" cement plugs: 1100' to 1610' - 500' plug |                      |           |              |
| 750' 59 1000' - 250' plug and 200' to surface.  |                      |           |              |

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 |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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.

*Samuel B. Blush*  
(Signature)  
President  
(Title)  
14/Sept 1983  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

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