STATE OF NEW MEXICO RECEIVED BAVISED 10-1-78 ERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION DISTRIBUTION P. O. BOX 2088 SEP 04 1984 SANTA FE SANTA FE, NEW MEXICO 87501 FILE V 11/ U.S.G.S. ð. Ç. D. LAND OFFICE REQUEST FOR ALLOWABLE ARTESIA, OFFICE OIL TRANSPORTER GAS AND OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PROBATION OFFICE Ensource, Inc Address 3300 North "A", Bldg. #2, Suite 113, Midland, Reason(s) for filing (Check proper box) 79705 TXOther (Please explain) Change in Transporter of: Recompletion Dry Gas Change in Ownership X Casinghead Gas If change of ownership give name Visa Energy Corporation, 1616 Glenarm Place, Ste 2100, Denver, CO80202 and address of previous owner. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Lease No. Federal 26 Shugart-Y-SR-Q-G Synkey Federal or The C029392 Feet From The North G 1980 East Unit Letter Line and Feet From The_ Township 18S 26 31E Line of Section Eddy Range . NMPM. County **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS** Name of Authorized Transporter of Oil X Address (Give address to which approved copy of this form is to be sent) Navajo Crude Oil Purchasing Company P. O. Box 159, Artesia, NM 88210 Name of Authorized Transporter of Casinghead Gas 📉 or Dry Gas Address (Give address to which approved copy of this form is to be sent) Continental Oil Company P. O. Box 2197, Houston, TX 77001
Is gas actually connected? When Unit If well produces oil or liquids, give location of tanks. Twp. 188 Yes 9/28/77 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back | Same Res'v. Diff. Res'v Designate Type of Completion - (X) 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 TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Preseure Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbis. Ggs - MCF 1650-7-2 40 **GAS WELL** Actual Prod. Teet-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 OIL CONSERVATION DIVISION SEP 1 0.1984 APPROVED_ 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. Original Staned By BY. Laslie A. Clements TITLE Supproteer District II 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. (Siznature) Manager of Production All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title)

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

(915) 686-9006

(Date)