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|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------|---------------------------------------------|-------------------------------|
| 1.0 API well number:<br>(If not assigned, leave blank. 14 digits.)                                                           | 30-015 -23840 -                                                                                                                                                |                |                    |                                             |                               |
| 2.0 Type of determination being sought:<br>(Use the codes found on the front of this form.)                                  | 102<br>Section of NGPA                                                                                                                                         |                | 3<br>Category Code |                                             | FEB 2 1982                    |
| 3.0 Depth of the deepest completion location:<br>(Only needed if sections 103 or 107 in 2.0 above.)                          | _____ feet                                                                                                                                                     |                |                    |                                             |                               |
| 4.0 Name, address and code number of applicant:<br>(35 letters per line maximum. If code number not available, leave blank.) | DINERO OPERATING COMPANY<br>Name _____ Seller Code _____<br>POST OFFICE DRAWER 10505<br>Street _____<br>MIDLAND TEXAS 79702<br>City State Zip Code             |                |                    |                                             |                               |
| 5.0 Location of this well: [Complete (a) or (b).]<br>(a) For onshore wells<br>(35 letters maximum for field name.)           | DUBLIN RANCH (MORROW)<br>Field Name _____<br>EDDY COUNTY NEW MEXICO<br>County State                                                                            |                |                    |                                             |                               |
| (b) For OCS wells:                                                                                                           | Area Name _____ Block Number _____<br>Date of Lease:<br>Mo. Day Yr. OCS Lease Number _____                                                                     |                |                    |                                             |                               |
| (c) Name and identification number of this well: (35 letters and digits maximum.)                                            | BIG CHIEF COMM. NO. 5                                                                                                                                          |                |                    |                                             |                               |
| (d) If code 4 or 5 in 2.0 above, name of the reservoir: (35 letters maximum.)                                                | _____                                                                                                                                                          |                |                    |                                             |                               |
| 6.0 (a) Name and code number of the purchaser: (35 letters and digits maximum. If code number not available, leave blank.)   | El Paso Natural Gas Company<br>Name _____ 005708<br>Buyer Code                                                                                                 |                |                    |                                             |                               |
| (b) Date of the contract:                                                                                                    | N/A<br>Mo. Day Yr.                                                                                                                                             |                |                    |                                             |                               |
| (c) Estimated total annual production from the well:                                                                         | _____ Million Cubic Feet                                                                                                                                       |                |                    |                                             |                               |
|                                                                                                                              |                                                                                                                                                                | (a) Base Price | (b) Tax            | (c) All Other Prices [Indicate (+) or (-).] | (d) Total of (a), (b) and (c) |
| 7.0 Contract price:<br>(As of filing date. Complete to 3 decimal places.)                                                    | \$/MMBTU                                                                                                                                                       | ---            | ---                | ---                                         | ---                           |
| 8.0 Maximum lawful rate:<br>(As of filing date. Complete to 3 decimal places.)                                               | \$/MMBTU                                                                                                                                                       | 3.033          | .218               | ---                                         | 3.251                         |
| 9.0 Person responsible for this application:                                                                                 | Lavonda Norman<br>Name _____ Title Production Supervisor<br>Signature _____<br>February 22, 1982<br>Date Application is Completed 915-684-5544<br>Phone Number |                |                    |                                             |                               |
| Agency Use Only                                                                                                              |                                                                                                                                                                |                |                    |                                             |                               |
| Date Received by Juris. Agency                                                                                               |                                                                                                                                                                |                |                    |                                             |                               |
| Date Received by FERC                                                                                                        |                                                                                                                                                                |                |                    |                                             |                               |