

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and address PLAYA Minerals & Energy, Inc. 650 North Sam Houston Pkwy. E. Suite 500 Houston, Texas 77060		² OGRID Number 171052	
³ Reason for Filing Code CH - Effective September 1, 1999		⁴ API Number 30-045-10551	
⁵ Pool Name Horseshoe Gallup (Wtr. well)		⁶ Pool Code 32870	
⁷ Property Code 1		⁸ Property Name Horseshoe Gallup Unit W	
⁹ Well Number 1		¹⁰	

I.	10	Surface Location
----	----	------------------

UL or lot no	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
90	19	31N	16W		1375	SOUTH	1815	EAST	San Juan

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
---------------	---------	----------	-------	---------	---------------	------------------	---------------	----------------	--------

12 Lse Code	13 Producing Method Code	4 Gas Connection Dat	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date
-------------	--------------------------	----------------------	------------------------	-------------------------	--------------------------

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
009018	Giant Industries, Inc. WS	0098910	O'	
				RECEIVED NOV 12 1989
				OIL CON. DIV. DIST. 3

IV. Produced Water

	24 POD ULSTR Location and Description	
--	---------------------------------------	--

V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations
--------------	---------------	-------	---------	-----------------

30 Hole Size	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement
--------------	-------------------------	--------------	-----------------

--	--	--	--

--	--	--	--

VI. Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg. Pressure	39 Csg. Pressure
-----------------	----------------------	--------------	----------------	------------------	------------------

40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method
---------------	--------	----------	--------	--------	----------------

46 I hereby certify that the rules 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: _____ Approved by: _____
SUPERVISOR DISTRICT #3

Printed name: John N. Ehrman	Title:
---------------------------------	--------

Title:	President	Approval Date:	NOV 12 1999
--------	-----------	----------------	-------------

Date: 11/8/99	Phone: (713) 223-5600
---------------	-----------------------

47 If this is a change of operator fill in the OGRID number and name of the previous operator

<i>Irene Martinez</i>	Irene Martinez	Engineering Technician	October 25, 1999
-----------------------	----------------	------------------------	------------------

Previous Operator Signature	Printed Name	Title	Date
Central Resources, Inc. 003039			