

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Rev. 10-1-76

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|--|---|
| I. OPERATOR Red Mountain Associates, L.P. c/o K & A/Helton, Inc. | |
| Address 951 W. Werner Court - Energy II - Suite 250, Casper, WY 82601 | |
| Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> | Other (Please explain) Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name and address of previous owner Colorado Plateau Geological Service, Inc.
P. O. Box 537 - Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|--------------------|---|--|-----------|
| Lease Name Santa Fe Pacific | Well No. 23(42) | Pool Name, including Formation Red Mountain MV | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter 0 : 490 Feet From The south Line and 2300 Feet From The east Line of Section 20 Township 20N Range 9W, NMPM, McKinley County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|---|------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc. | Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico 87401 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA | Address (Give address to which approved copy of this form is to be sent) NA | |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 20 |
| | Twp. 20N | Rge. 9W |
| | Is gas actually connected? No | |

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

IV. 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 (DA, 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 |
| | | | |
| | | | |
| | | | |

V. 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 (Shot-in) | Casing Pressure (Shot-in) | Choke Size |

VI. 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.

John G. Evans
John G. Evans
Agent for Red Mountain Associates, L. P.

October 3, 1980

OIL CONSERVATION DIVISION

APPROVED **NOV 3 1980**, 19
BY _____
SUPERVISOR DISTRICT # 3
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 transportation or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completions.

| | | |
|--|-------|--|
| | 1700 | |
| | ION | |
| | | |
| | | |
| | | |
| | OIL | |
| | GAS | |
| | | |
| | FFICE | |

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Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Notes

Address

P.O. Box 2966 Santa Fe, NM 87504-2966

Other (Please explain)

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

If change of ownership give name and address of previous owner Red Mountain Assoc. 2626 Holly St. Denver CO 80207

| II. DESCRIPTION OF WELL AND LEASE | | | | |
|---|----------|--------------------------------|--|-----------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease State, Federal or Fee | Lease No. |
| Santa Fe Pacific | 23 | Red Mountain M.V. | Fee | |
| Location | | | | |
| Unit Letter <u>0</u> : <u>490</u> Feet From The <u>South</u> Line and <u>2300</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>20</u> Township <u>20 North</u> Range <u>9 West</u> , NMPM, <u>McKinley</u> County | | | | |

| | | | | | | |
|--|------|------|------|------|--|--------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <i>Plateau</i> | | | | | Address (Give address to which approved copy of this form is to be sent) <i>1921 Bloomfield Ave Farmington NM</i> | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>NA</i> | | | | | 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 |
| | | | | | <i>No</i> | <i>1ST M</i> |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

J. M. Law
(Signature)
Petroleum Engineer
(Title)
2/17/84
(Date)

APPROVED _____, 19____
BY _____
TITLE _____ SUPERVISOR DISTRICT # 3

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able on new and recompleted wells.**

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