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| TRANSPORTER            | OIL   |
|                        | GAS 1 |
| OPERATOR               | 2     |
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

|                                        |                           |
|----------------------------------------|---------------------------|
| Operator                               |                           |
| CONTINENTAL OIL COMPANY                |                           |
| Address                                |                           |
| Box 400 Hobbs, New Mexico 88240        |                           |
| Reason for changing (Check proper box) |                           |
| New Well                               | Change in Transporter of: |
| Recompletion                           | Oil                       |
| Change in Ownership                    | Casinghead Gas            |
|                                        | Dry Gas                   |
|                                        | Condensate                |
| TRANSPORTER'S NAME CHANGE              |                           |

If change of ownership give name and address of previous owner

|                               |               |                                |                              |
|-------------------------------|---------------|--------------------------------|------------------------------|
| DESCRIPTION OF WELL AND LEASE |               |                                |                              |
| Lease Name                    | Well No.      | Pool Name, including Formation | Kind of Lease                |
| AGE PROCE 0                   | 1             | BLANCO P. 30.                  | State, Federal or Fee INDIAN |
| Location                      |               |                                |                              |
| Unit Letter                   | Feet From The | Line and                       | Feet From The                |
| A                             | 99            | NORTH                          | EAST                         |
| Line or Section               | Township      | Range                          | County                       |
| 10                            | 25-N          | 4-W                            | RIO ARRISE                   |

|                                                          |                                                                          |
|----------------------------------------------------------|--------------------------------------------------------------------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS        |                                                                          |
| Name of Authorized Transporter of Oil                    | Address (Give address to which approved copy of this form is to be sent) |
|                                                          |                                                                          |
| Name of Authorized Transporter of Casinghead Gas         | Address (Give address to which approved copy of this form is to be sent) |
| GAS COMPANY OF NEW MEXICO                                | FIRST INTERNATIONAL BLDG.                                                |
|                                                          | 1206 ELM ST., DALLAS, TEXAS 75270                                        |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected?                                               |
|                                                          | YES                                                                      |
|                                                          | When                                                                     |
|                                                          | 12-11-57                                                                 |

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 - SUR, RAB, 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 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                                                                                                                                      | Length of Test            | Bbls. Condensate/MMCF                         | Gravity of Condensate |
| Actual Prod. Test - MCF/D                                                                                                                     |                           |                                               |                       |
| Tubing Pressure (Shut-in)                                                                                                                     | Casing Pressure (Shut-in) | Choke Size                                    |                       |

STATE OF COMPLIANCE

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

*[Signature]*  
(Title)  
September 7, 1976

|                                                                                                                                                                                              |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| OIL CONSERVATION COMMISSION                                                                                                                                                                  |          |
| APPROVED                                                                                                                                                                                     | 1075, 19 |
| BY                                                                                                                                                                                           | Original |
| 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 of other such change of production.                                                   |          |