HO, OF COSICS PECEIVES THIST REPORT FOR NEW MEXICO OIL, CONSURVATION COMMISSION. Form C -104 ANTARE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 Effective 1-1-65 FILE AHD AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL FRANCHORTER API 30-039-22100 OPERATOR PROBATION OFFICE Consolidated Oil & Gas, Inc. 1860 Lincoln Street, Denver, Colorado 80295 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: X Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, including Formation | Policeta Kind of Lease Jicarilla 2E State, Federal or Fee Apache Basin Dakota Huron Contract 10 Location 980 1120 Feet From The South Line and west Feet From The Rio Arriba 4W Township 26N Line of Section Range NMPM. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 🔲 . or Condensate 🛣 P.O. Box 1528, Farmington, New Mex.87401 Inland Corp. Address (Give address to which approved copy of this form is to be sent) Name or Authorized Transporter of Casinghead Gas ____ or Dry Gas ____ Suite 1800, 1st International Bldg. Gas Company of New Mexico When Dallas, Tex. Twp. Unit Pae. Is gas actually connected? If well produces oil or liquids, i A 26N give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Gas Well Plug Back New Well Wcrkover . Same Res'v. Diff. Res'v Designate Type of Completion - (X) х Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded 8359 10/12/79 8/25/79 Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Name of Producing Formation Top Oll/Gas Pay 8084 8052 7162 KB Dakota Depth Casing Shoe 8359 8056-97, 8195-8254 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 292 KB <u>300</u> 14-3/4 10-3/4 4199 KB 150 9-7/8 7-5/8 350 8111 6-3/4 2 8359 7Test must be after recovery of total volume of load oil and must be equal to or exceed top allow 4-3/4 TEST DATA AND REQUEST FOR ALLOWABLE able for this depth or be for full 24 hours) OIL WELL Date First New Cli Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, esc.) Casing Pressure Tubing Pressure Length of Test Water - Bbls. Actual Prod. During Test QII - Bbls. COM GAS WELL Actual Prod. Test-MCF/D Bble. Condensate/MMCF OIST. 3 Length of Test 1462 3 hrs. Choke Sire Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 1798 Under packer 1 pt.back pressure OIL CONSERVATION COMMISSION CERTIFICATE OF COMPLIANCE FEB 1 9 1980 APPROVED_ hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. BY Original Signed by FRANK T. CHAVEZ 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 despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.

Senior Production Engineer

February 12, 1980

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 transporter or other such change of condition.

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