

|                        |            |
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| CONTRIBUTION           |            |
| SALE PRICE             |            |
| TAXES                  |            |
| U.S.G.S.               |            |
| LAND OFFICE            |            |
| TRANSPORTER            | OIL<br>GAS |
| OPERATOR               |            |
| PRODUCTION OFFICE      |            |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes OIL C-101 and C-110  
Effective 1-1-65

|                                                            |                                                                                                                                                                                                 |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>Northwest Pipeline Corporation                 |                                                                                                                                                                                                 |
| Address<br>501 Airport Drive, Farmington, New Mexico 87401 |                                                                                                                                                                                                 |
| Reason(s) for filing (Check proper box)                    |                                                                                                                                                                                                 |
| New Well <input type="checkbox"/>                          | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> |
| Recompletion <input type="checkbox"/>                      |                                                                                                                                                                                                 |
| Change in Ownership <input checked="" type="checkbox"/>    | Other (Please explain)                                                                                                                                                                          |

If change of ownership give name and address of previous owner El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401

|                               |                                                            |                        |              |
|-------------------------------|------------------------------------------------------------|------------------------|--------------|
| DESCRIPTION OF WELL AND LEASE |                                                            | Kind of Lease          | Lease No.    |
| Lease Name<br>Indian H        | Well No. Pool Name, including Formation<br>1 Cavalin P. C. | State, Federal or Free | Jic Cont #60 |
| Location                      |                                                            |                        |              |
| Unit Letter<br>M              | : 990 Feet From The South Line and 990 Feet From The West  |                        |              |
| Line of Section<br>15         | Township 28N Range 3W, NMPM, Rio Arriba County             |                        |              |

|                                                                                                                          |                                |                                                                          |                        |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------|------------------------|
| 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>         | Northwest Pipeline Corporation | 501 Airport Drive, Farmington, New Mexico 87401                          |                        |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Northwest Pipeline Corporation | 501 Airport Drive, Farmington, New Mexico 87401                          |                        |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit<br>M                      | Sec.<br>15                                                               | Twp.<br>28N Pge.<br>3W |
|                                                                                                                          |                                | Is gas actually connected?                                               | When                   |

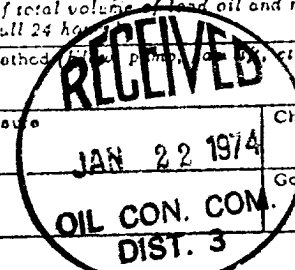
If this production is commingled with that from any other lease or pool, give commingling order number:

|                                    |                             |                 |          |          |          |                   |           |            |            |
|------------------------------------|-----------------------------|-----------------|----------|----------|----------|-------------------|-----------|------------|------------|
| COMPLETION DATA                    |                             | Oil Well        | Gas Well | New Well | Workover | Deepen            | Plug Back | Some Rest. | Full Rest. |
| Designate Type of Completion - (X) |                             |                 |          |          |          |                   |           |            |            |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     |          |          |          | P.B.T.D.          |           |            |            |
| Elevations (DF, RKB, 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 |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |

I. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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 (Pump, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                   | Gas-MCF    |



|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL                         |                           | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Actual Prod. Test-MCF/D          | Length of Test            |                           |                       |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

II. CERTIFICATE OF COMPLIANCE

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

ORIGINAL SIGNED BY R. L. MAHAFFEY

(Signature)

OFFICE SUPERVISOR

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 7 1974, 19

BY Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 3

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 ownership, well name or number, or transporter or other such change of completion.

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