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| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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

I. Operator
Overland Oil & Gas Corp.
Address
3539 E. 30th Street Suite 108, Farmington, New Mexico 87401
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner **FAST 501 Airport Dr. Suite 110, Farmington, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------------|---|--|-----------|
| Lease Name DEB | Well No. 15 | Pool Name, Including Formation Slickrock Dakota | Kind of Lease State, Federal or Fee 21-000-2027 | Lease No. |
| Location Unit Letter P 350 Feet From The South Line and 1080 Feet From The East Section 36 Township 30N Range 17W N.M.P.M. San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|-------------------|--------------------|--------------------|--|------|
| Name of Approved Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> McDougald Oil Co. Inc. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 309, Moab, Utah 84532 | | | | | |
| Name of Approved Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Well produces oil or liquids, give formation name | Unit P | Sec. 36 | Twp. 30N | Rge. 17W | Is gas actually connected? <input type="checkbox"/> | When |

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 | Time Back | Full Recv. |
| Well Set | Date Compl. Ready to Prod. | | Total Depth | | Feet | | | |
| Level Gas (DF, PAB, 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)

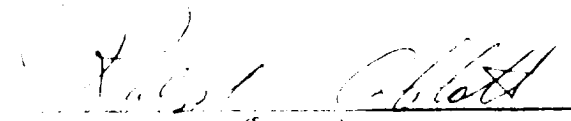
| | | | |
|--------------------------------|-----------------|---|------------|
| Time from New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|-------------------------------|---------------------------|---------------------------|-----------------------|
| Test Method (split, back pr.) | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. 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.


(Signature)

Operator
(Title)

August 1, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 22 1980**, 19_____
BY **Original Signed by FRANK T. CHAVEZ**
TITLE **SUPERVISOR DISTRICT # 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 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.