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| PRORATION OFFICE | | | |
| Operator | | | |

Form C-104 Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OR: PAN AMERICAN PETROLEUM CORPORATION OIL CON 501 Airport Drive, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box) Other (Please explain) DIST 3 X Change in Transporter of: Recompletion Oil Dry Gas Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Vell No. Pool Name, Including Formation State, Federal or Fee Federal SF080601 Federal Gas Com "L" Basin Dakota 1 1500 1550 Feet From The **Morth** Line and Vest Feet From The Line of Section 14 Township 30-N Range 11-W , NMPM, Sen Juan County III. 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 Box 108, Farmington, New Mexico 87401

ddress (Give address to which approved copy of this form is to be sent) Plateau, Inc. of Authorized Transporter of Casinghead Gas _____ or Dry Gas ____ Box 750, Farmington, New Mexico 87401 Southern Union Gas Company Twp. Rge. Sec. Is gas actually connected? If well produces oil or liquids, 30**M** 14 114 7 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. Gas Well New Well Workover Oil Well $Designate\ Type\ of\ Completion\ -\ (X)$ P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 7005' 7041 9-5-68 10-7-68 Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 6784' GR 5900, RDB 5913' Dakota Depth Casing Sho Perforations 7039' TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 362 260 8-5/8" 12-1/4" 4-1/2" 70**39**' 2050 7-7/8" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Ggs - MCF Water - Bbls. Oil-Bbis. Actual Prod. During Test **GAS WELL** Gravity of Condensate Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D 4662 (AOF 6898) 3 hr. Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 3/4" 2077 2072 Open flow with choke OIL CONSERVATION COMMISSION 1968 VI. CERTIFICATE OF COMPLIANCE APPROVED Original Signed by Emery C. Arnold 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. SUPERVISOR DIST. #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

| ORIGINAL MONED BY | |
|-----------------------|--|
| G. W. Eston, Jr. | |
| (Signature) | |
| Area Engineer | |
| Area Engineer (Title) | |
| October 21, 1968 | |
| (Date) | |

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.