

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|------------------------|-----|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROMOTION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

30711/11
RECEIVED
JUL 09 1986
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | | |
|--|--|------------------------|
| Operator | HIGH PLAINS PETROLEUM CORPORATION | |
| Address | 3860 Carlock Drive - Boulder, Colorado 80303 | |
| Reason(s) for filing (Check proper box) | Change in Transporter of: | Other (Please explain) |
| <input checked="" type="checkbox"/> New Well | <input checked="" type="checkbox"/> Oil | |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Dry Gas | |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |
| | <input type="checkbox"/> Condensate | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------|----------|--------------------------------|-------------------------------|----------------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| Westwater Fed 6 | 6-1 | Verde Gal | State, Federal or Fee Federal | IM62579 |
| Location | | | | |
| Unit Letter | B | 330' | Feet From The North | Line and 2310' |
| | | | Feet From The East | |
| Line of Section | 6 | Township | 30 N | Range 15 W |
| | | | NMPM, | San Juan |
| | | | | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| GARY ENGERY COPPRATION | 115 Inverness Dr. E - Englewood, Co. 80112 | |
| Name of Authorized 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) | |
| | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? When | |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Melissa Osburne
(Signature)

Agent
(Title)

July 8th, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY _____
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.