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| | DISTRIBUTIO | | | |
| | SANTA FE | | | |
| | FILE | | | |
| | U.S.G.S. | | | |
| | LAND OFFICE | | | |
| | TRANSPORTER | OIL | | |
| | | GAS | | |
| | OPERATOR | | | |
| 1. | PRORATION OFFICE | | | |
| | Operator | | | |
| | Bristol Resource | | | es |
| | Address | | _ | |

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|---|--|-----------------------------------|--|--|--|--|--|
| 1 | DISTRIBUTION | NEW MEXICO OIL (| CONSERVATION COMMISSION | Form C-104 | | | |
| 1 | SANTA FE | | | Supersedes Old C-104 and C-11 | | | |
| - 1 | FILE | | AND | Effective 1-1-65 | | | |
| - 1 | U.S.G.S. | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL | GAS | | | |
| - 1 | LAND OFFICE | | | | | | |
| | TRANSPORTER OIL | | | The state of the s | | | |
| | OPERATOR GAS | | ~ | | | | |
| 1. | PRORATION OFFICE | | | | | | |
| | Operator Bristol Resources | Corporation | | | | | |
| | 3601 E. 51st, Suite B, Tulsa, OK 74135 | | | | | | |
| Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | | |
| | New Well | Change in Transporter of: | | | | | |
| | Recompletion | Oil Dry G | as | | | | |
| ļ | Change in Ownership X | Casinghead Gas Conde | ensate | | | | |
| | If change of ownership give name and address of previous owner | nion Pacific Resources | Company, 1000 Louisiana | , Suite 3000, Houston,TX 77002 | | | |
| 11. | DESCRIPTION OF WELL AND I | Well No. Pool Name, Including I | Formation Kind of Lea | se Lease No. | | | |
| | Lease Name | | | al or Fee State 10130 | | | |
| | State 32-7-33 Unit | 10 Chaveroo(Sar | Andres) | 3934 | | | |
| | | 1980 Feet From The West Li | ine and 660 Feet From | = | | | |
| | | vnship 7-S Range | | sevelt County | | | |
| | Line of Section 32 Tow | risnip 7 O Honge | TA | | | | |
| 111. | DESIGNATION OF TRANSPORT | or Condensate | AS | oved copy of this form is to be sent) | | | |
| | Mobil Pipeline | | | | | | |
| | Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| | Cities Service Company | | Box 300, Tulsa, Okla | homa 74102 | | | |
| | If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. B 32 7-S 33-E | 10 940 4014411, 1011111111111111111111111111 | 6-19-66 | | | |
| | this production is commingled with that from any other lease or pool, give commingling order number: | | | | | | |
| IV. | COMPLETION DATA | | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty | | | |
| | Designate Type of Completic | on = (X) | 1 1 | 1 | | | |
| | 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 | | | |
| | | TURING CASING AL | ND CEMENTING RECORD | | | | |
| | | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | |
| | HOLE SIZE | CASING & TODING SIZE | | | | | |
| | | | | | | | |
| | | | | | | | |
| v | TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be | after recovery of total volume of load o | il and must be equal to or exceed top allow | | | |
| ٠. | OIL WELL | able for this | depth or be for full 24 hours) Producing Method (Flow, pump, gas | lib atc.) | | | |
| | Date First New Oil Run To Tanks | Date of Test | Producing Method (r.tow, pump, gas | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCF | | | |
| | section 1 roat paring 1 au. | | | | | | |
| | GAS WELL | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | |
| | Testing Method (pitot, back pr.) | 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.

Administrative Manager Sue Dipley (Title)

9/30/88 (Date)

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.

OIL CONSERVATION COMMISSION

Paul Kaut Geologist

FEB 1 0 1989

All sections of this form must be filled out completely for allow able 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.

APPROVED

TITLE .

A CONTRACTOR OF THE PARTY OF TH