

NEW MEXICO OIL CONSERVATION COMMISSION		REQUEST FOR ALLOWABLE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
OPERATOR		COLUMBUS ENERGY CORP.		Address	
1860 Lincoln Street, Suite 1100		Denver, CO 80295		Reason(s) for filing (Check proper box)	
New Well		Change in Transporter of:		Other (Please explain)	
Recompletion		Oil		Dry Gas	
Change in Ownership		Casinghead Gas		Condensate	
If change of ownership give name and address of previous owner		CONSOLIDATED OIL & GAS, INC.		1860 Lincoln Street, Suite 1100, Denver, CO 30295	
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Kind of Lease	
Southern Union ST		1-18		State, Federal or Fee State	
Location		Midway Abo		Lease No.	
Unit Letter		D		660	
Feet From The		North		Line and	
660		Feet From The		West	
Line of Section		16		Township	
17S		Range		37E	
NMPM,		Lea		County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)	
Sera Petroleum Services Co.					
Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
Philco-Matco					
If well produced oil or liquids, give location of tanks.		Unit		Sec.	
D		16		Twp.	
		17		Rge.	
		37		Is gas actually connected?	
				When	
				10-9-82	
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well		Gas Well	
New Well		Workover		Deepen	
Plug Back		Same Rest'v.		Diff. Rest'v.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
P.B.T.D.		Elevations (DF, RAB, FT, CR, 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	
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)					
Date First 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	
Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
Gravity of Condensate		Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)	
Casing Pressure (shut-in)		Choke Size		CERTIFICATE OF COMPLIANCE	
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.		OIL CONSERVATION COMMISSION		APPROVED	
APR 22 1986		BY		ORIGINAL SIGNED BY JERRY SEXTON	
DISTRICT I SUPERVISOR		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 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.		OPERATIONS MANAGER		4-16-86	