

DISTRICT OFFICE SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION 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-105 Effective 1-1-65	
Operator COLUMBUS ENERGY CORP.					
Address 1860 Lincoln Street, Suite 1100 Denver, CO 80295					
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>					
If change of ownership give name and address of previous owner CONSOLIDATED OIL & GAS, INC. 1860 Lincoln Street, Suite 1100, Denver, CO 80295					
I. DESCRIPTION OF WELL AND LEASE					
Lease Name Shipp "A"		Well No. 3		Pool Name, including Formation Midway Abo	
Kind of Lease State, Federal or Fee		Fee		Lease No.	
Location Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line of Section 17 Township 17S Range 37E , NMFM, Lea County					
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shipp "A"		Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Shipp "A"		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 4	Sec. 17	Twp. 17	Rge. 37
		Is gas actually connected?		When 9-12-66	
If this production is commingled with that from any other lease or pool, give commingling order number:					
III. COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
		Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
P.B.T.D.		Elevations (DF, RAB, 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					
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					
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.			OIL CONSERVATION COMMISSION APR 22 1986 APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE		
OPERATIONS MANAGER (Signature) 1-16-86 (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. 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.		