

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |             |
|------------------------|-------------|
| NO. OF COPIES REQUIRED |             |
| DISTRIBUTION           |             |
| ANTA FE                |             |
| ILB                    |             |
| SUB.                   |             |
| NO OFFICE              |             |
| TRANSPORTER            | OIL         |
|                        | NATURAL GAS |
| LOCATION               |             |
| LOCATION OFFICE        |             |
| DATE                   |             |

READ & STEVENS, INC.

P.O. BOX 1518, ROSWELL, NM 88201

|                                              |                                                                                                    |
|----------------------------------------------|----------------------------------------------------------------------------------------------------|
| Location(s) for filing (check proper box)    | Other (Please explain)                                                                             |
| Well completion <input type="checkbox"/>     | Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                        |

Change of ownership give name  
address of previous owner

DESCRIPTION OF WELL AND LEASE

|                          |               |                                               |                                     |                         |
|--------------------------|---------------|-----------------------------------------------|-------------------------------------|-------------------------|
| Well Name<br>FEDERAL 'A' | Well No.<br>1 | Pool Name, including Formation<br>QUAIL QUEEN | Kind of Lease<br>XXX Federal or XXX | Lease No.<br>NM-0483079 |
|--------------------------|---------------|-----------------------------------------------|-------------------------------------|-------------------------|

Location  
Unit Letter J : 2080 Feet From The SOUTH Line and 1980 Feet From The EAST

Line of Section 14 Township 19S Range 34E NE/4 LEA

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                          |                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>CONOCO, INC. TRANSPORTATION DEPT.    | Address (Give address to which approved copy of this form is to be sent)<br>P.O. BOX 460, HOBBS, NM 88240 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>WARREN PETROLEUM CORPORATION | Address (Give address to which approved copy of this form is to be sent)<br>P.O. BOX 1589, TULSA OK       |
| Well produces oil or liquids,<br>give location of tanks.                                                                                                 | Unit Sec. Twp. Rge.<br>J 14 19S 34E                                                                       |
| Is gas actually connected?                                                                                                                               | When                                                                                                      |

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 Res't. | Diff. Re. |
| Well Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |           |
| Locations (DF, RNB, RT, CR, etc.)  | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |          |        |           |             |           |
| Locations                          |                             |                 | Depth Casing Shoe |          |        |           |             |           |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil available for this depth or be for full 24 hours)

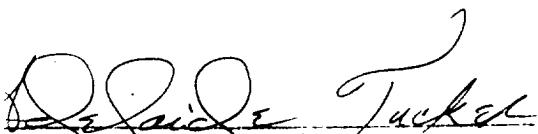
|                            |                 |                                               |            |
|----------------------------|-----------------|-----------------------------------------------|------------|
| First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test             | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test   | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

SHUT-IN WELL

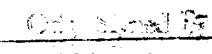
|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MCF      | 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 Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
(Signature)  
PRODUCTION CLERK  
(Title)  
SEPTEMBER 8, 1980  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 11 1980  
BY   
TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.