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Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
OCT 28 1964

OIL CON. DIV.
DIST. 3

Address
Post Office Box 502, Albuquerque, N.M. 87103

☐ New Well

☐ **Recruitment**

☒ Change in Ownership

Change in Transporter 4:

Q

☐ **Cashmere Coat**☐ Dry Cell

Codename

Cinet (Please explain)

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

BRANA CORPORATION, 320 Gold Ave. ,SW, #1223, Albuquerque, NM 87102

II. DESCRIPTION OF WELL AND LEASE

Lessee Name SANTA FE <i>Pacific</i>	Well No. 106	Pool Name, including Formation Chaco Wash- MV	Kind of Lease FEE	Lease No.
Location				
Unit Lease M : 160 Feet From The South Line and 165 Feet From The West				
Line of Section 22 Township 20 North Range 9 West NMPM. McKinley				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of CFC ☒ or Condensate ☐
Gary Energy Corporation

Address (Give address to which approved copy of this form is to be sent)
Box 159, Bloomfield, NM 87413

Name of Authorized Transporter of Gaseous Gas: ☐ or Cry Gas: ☐

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids,
give location of logs.

Unit	Sec.	Twp.	Rge.
P	21	20N	9W

is qcs actually connected?
N/A

*her

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.

DON L. HANOSH, PRESIDENT

10/25/91 (Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ 19

BY Timothy J. O'Connell
TITLE SUPERVISOR DISTRICT #1

This form is to be filled in compliance with AULZ 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 AULZ-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 filled for each pool in multiply completed wells.