

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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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	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

I. **Operator**
Basin Fuels, Limited

Address
P.O. Box 50, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Change in Transporter of Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership		

Other (Please explain)
DEC 14 1987
OIL CON. DIV.
DIST. 3

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

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name Easter Flats	Well No. 1	Pool Name, including Formation Franciscan Lake MV	Kind of Lease Stat. Federal or Fee Federal	Lease No. NM 7250
Location Unit Letter <u>H</u> : <u>330</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>North</u> Line of Section <u>12</u> Township <u>20N</u> Range <u>6W</u> , NMPM, McKinley County				

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>H</u> Sec. <u>12</u> Twp. <u>20N</u> Rng. <u>6W</u>	Is gas actually connected? <input type="checkbox"/> When _____

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.

Barbara Howell
(Signature)
Production Clerk
(Title)
12-11-87
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] FEB 14 1987
BY _____
TITLE _____ SUPERVISOR DISTRICT # _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatric 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 multiple completed wells.