

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | NAT |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Basin Fuels, Limited

Address  
Suite 300, 300 W. Arrington, Farmington, NM 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|  |               |  |  |                      |
|--|---------------|--|--|----------------------|
| Lease Name<br>McCollum   | Well No.<br>2 | Pool Name, including Formation<br>Franciscan Lake MV | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>NM 7774 |
| Location<br>Unit Letter P : 330 Feet From The South Line and 990 Feet From The East<br>Line of Section 12 Township 20N Range 6W, 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"/><br>The Mancos Corporation | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Drawer 1320, Farmington, NM 87499 |            |
| 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<br>P  | Sec.<br>12 |
|  | Twp.<br>20N  | Rge.<br>6W |
| Is gas actually connected?   |  | 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.

BASIN FUELS, LIMITED

*Doris Teraka*  
(Signature)

(Title)

5/30/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT #3

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 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.