

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS |
| OPERATION | |
| 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
P.O. Box 50, Farmington, NM 87499

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 Noo Navajo | Well No. 1 | Pool Name, including Formation Franciscan Lake MV | Kind of Lease Stat. Federal or Fee NOO C-14-20-4402 | Lease No. 4402 |
|--------------------------|---------------|--|--|-------------------|

Location

Unit Letter A : 340 Feet From The North Line and 350 Feet From The East

Line of Section 13 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"/> Conoco Inc. | 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 A | Sec. 13 | Twp. 20N | Rge. 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.

Diana Bruneel
(Signature)
Production Clerk
(Title)
12/11/87
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature]
BY [Signature]
TITLE Assistant Director

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 deviate 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.