

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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OPERATION	
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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**  
Joel B. Burr, Jr.  
**Address**  
P.O. Box 50, Farmington, NM 87499  
**Reason(s) for filing (Check proper box)**  
☐ New Well ☐ Change in Transporter of: ☒ Oil ☐ Dry Gas  
☐ Recompletion ☐ Casinghead Gas ☐ Condensate  
☐ Change in Ownership  
**Other (Please explain)**  
DEC 14 1987

If change of ownership give name and address of previous owner \_\_\_\_\_

II. **DESCRIPTION OF WELL AND LEASE**  
**Lease Name** Robinson-Coleman **Well No.** 2 **Pool Name, including Formation** Franciscan Lake MV **Kind of Lease** Statd. Federal or Fee Federal **Lease No.** NM 15646  
**Location**  
Unit Letter C : 330 Feet From The North Line and 2310 Feet From The West  
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** ☒ or Condensate ☐  
Conoco Inc.  
**Name of Authorized Transporter of Casinghead Gas** ☐ or Dry Gas ☐  
**If well produces oil or liquids, give location of tanks.** Unit C Sec. 13 Twp. 20N Rge. 6W  
**Address (Give address to which approved copy of this form is to be sent)**  
P.O. Box 1429, Bloomfield, NM 87413  
**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.

*Deanna Bonnell*  
(Signature)  
Production Clerk  
(Title)  
12/11/87  
(Date)

OIL CONSERVATION DIVISION  
APPROVED \_\_\_\_\_  
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 deepened 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 allow able 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 multipl completed wells.