

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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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 Basin Fuels, Limited	
Address Suite 300, 300 W. Arrington, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please Print)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

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OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Star	Well No. 7	Pool Name, including Formation Franciscan Lake MV	Kind of Lease Federal	Lease No. NM 555838-A
Location Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>7</u> Township <u>20N</u> Range <u>5W</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, Inc. <i>Surface Transp.</i>	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 Sec. Twp. Rge. K 7 20N 5W
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

Agent

(Signature)

(Title)

(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 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.