

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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

RECEIVED
OCT 29 1987
OIL CONSERVATION DIVISION
DIST. 3

I.

Operator James L. Ludwick	
Address Box 70, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<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
Liquid from Inland Corp.	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Indian 17	Well No. 3	Pool Name, including Formation Papers Wash-Mesaverde Oil	Kind of Lease XXX, Federal XXXXN00-C-14-20-552R	Lease No. 85258
Location Unit Letter <u>E</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>530</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>19N</u> Range <u>5W</u> , NMPM, <u>McKinley</u> 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"/> Petro Source Corp.	Address (Give address to which approved copy of this form is to be sent) Ste 1000, 8777 Via de Venture, Scottsdale, AZ
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> James L. Ludwick	Address (Give address to which approved copy of this form is to be sent) Box 70, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>17</u> Twp. <u>19N</u> Rge. <u>5W</u>	Is gas actually connected? <u>Yes</u> 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.

AK Leudwick
(Signature)
Agent
(Title)
October 29, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Quary 19
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 deviation 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 multiply completed wells.