

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** *** ***	11740	
DISTRIBUTI		
SANTA PE		
FILE		
V.1.0,2,		
LAND OFFICE		
TRANSPORTER	OIL	
	GAB	
OPERATOR		
PROBATION OFFICE		

OIL CON. DIV. OIL CONSERVATION DIVISION

Form C-104 Revised 10-01-78 # Format 06-01-63 Page 1

REQUEST FOR ALLOWABLE

P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

PROMATION OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
I.						
Operator						
GURLEY OIL COMPANY						
P.O. Box 2092, FARMI	NGTON	N.NM 87499				
Reason(s) for filing (Check proper box)		.,		Other (Pleas	e explaini	
New Well	. Change i	in Transporter of:				
Recompletion	X cu		Dry Gas	EFF	ECTIVE JULY 1,1990)
Change in Ownership	Cast	inghead Gas	Condensate	Condensate		
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND LI		Pool Name, Including	- Farmus		Kind of Lease	
Lease Name	1 _	1		F +	I .	Lease No.
NMALCO GURLEY	1	Nose Rock	-ноѕрап	EXL	State, Federal or Fee FEE	
	_Feet Fro	om The South	Line and	33 8)	Feet From The East	
Line of Section 9 Townshi	201	Range	12W	, NMPN	. McKinley	County
III. DESIGNATION OF TRANSPORT						ar ar ar ar
Name of Authorized Transporter of Cil X		Condensate 🗀			to which approved copy of this form	-
Giant Refining Compa					6, Farmington, NM 8	
Name of Authorized Transporter of Casingna	rad Gas [or Dry Gas	Address	(Give address	to which approved copy of this form	is to be sent)
NONE						· · · · ·
If well produces oil or liquids, in I	•			gas	ed? .; When	
If this production is commingled with the	at from an	ny other lease or poo	ol, give com	ningling orde	r number:	
NOTE: Complete Parts IV and V on	reverse s	side if necessary.				· .
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of	rhe Oil C	onservation Division has	APPR	OVED	JUN 1 8 1990	10
been complied with and that the information given is true and complete to the best of my knowledge and belief.				nal Signed by FRANK T. CHAVE	_,	
					MANASON DISTRICT # .	
1 .00 - 1			TITLE			
mike Illale	nau	,	- 11		be filed in compliance with my	
/ (Signature) Manager			well, th	his form must	iest for allowable for a newly d t be accompanied by a tabulatio well in accordance with RULS	n of the deviation
June 6,1990					this form must be filled out concompleted wells.	mpletely for allow-
June 0, 1990 (Date)	-		well na	me or number	ections I, II, III, and VI for c, or transporter, or other such ch	ange of condition.
			Ser	parate Forms	C-104 must be filed for each	pool in multiply