STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
U.S.G.S.		
OIL		
GAS		
OPERATOR		
KE		
	OIL	ON OIL GAS

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

JUL 25 1986

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.			
Operator			
Ramsey Property Management, Inc.			
Address			
P.O. Box 13237, Oklahoma City, OK 73113			
Reeson(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	·		
Recompletion Eff 7/1/86 OII OI	ry Gas		
X Change in OSANGERALLY Operator Casinghad Gas Ca	ondensate		
If change of ownership give name And address of previous owner Noarko Resources, Inc.	, 100 Filmore, Suite 240, Denver, CO 80206		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, including F	1 -		
Dever 1 Counselors Gal	lup-Dakota Oil State, Federal or Fee Federal NM-28735		
Location	Pool		
Unit Letter A : 960 Feet From The North Lin	se and 800 Feet From The East		
Line of Section 8 Township 23 North Range 6	West , NMPM, Rio Arriba County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	LGAS		
Name of Authorized Transporter of QII 📉 or Condensate 🗔	Address (Give address to which approved copy of this form is to be sent)		
The Permian Corp. Permian (Eff	P.O. Box 1183, Houston, TX 77001		
Name of Authorized Transporter of Casinghead Gas 🔀 💮 or Dry Gas 🗍	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.	P.O. Box 1492, El Paso, TX 79978		
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When		
give location of tanks. A 8 23N 6W	Yes \ \ 8/29/83		
If this production is commingled with that from any other lesse or pool,	give commingling order number:		
	give committee over themes.		
NOTE: Complete Parts IV and V on reverse side if necessary.			
THE CONTROL OF COMMUNICATION	OIL CONSERVATION DIVISION		
VI. CARIMICALID OF COMMENCE			
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED		
been complied with and that the information given is true and complete to the best of			
my knowledge and belief.	BY way		
	SUPERVISOR DISTRICT # 3		
	TITLE SUPERVISOR DISTRIBLE #4		
$\langle \cdot \rangle = \langle \cdot \rangle = \langle \cdot \rangle$	This form is to be filed in compliance with RULE 1104.		
- Jan 17 laus	If this is a request for allowable for a newly drilled or deepened		
Karen Matts (Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE !!!.		
Production Records Supervisor	All sections of this form must be filled out completely for allow-		
(Title)	able on new and recompleted wells.		
	Fill out only Sections I. II. III, and VI for changes of owner,		
(Date)	well name or number, or transporter, or other such change of condition.		
	Separate Forms C-104 must be filed for each pool in multiply		