

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROBATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

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NOV 07 1984

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

I. Operator Rader Oil Company
Address 4715 Fredericksburg Rd., Suite #522 San Antonio, Texas 78229
Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
Change in Transporter of:
☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)
If change of ownership give name and address of previous owner Noel Reynolds

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Darla</u>	Well No. <u>3</u>	Pool Name, including Formation <u>S. San Louis, Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF08117</u>
Location Unit Letter <u>H</u> : <u>2297</u> Feet From The <u>North</u> Line and <u>1154</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>18N</u> Range <u>3W</u> NMPM, <u>Sandoval</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"/> <u>Conoco Inc., Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>555 17th, Suite 940 Denver, Co. 80202</u>
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. 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.

[Signature]
(Signature)
Owner
(Title)
Nov 2, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 07 1984
BY [Signature]
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.