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AND U.S.G.S. LAND OFFICE I RANSPORTER OIL GAS / OPERATOR PRORATION OFFICE Operator H. K. KEESEE Address P. O. BOX 1995, FARMINGTON, NEW MEXICO 87401		
LAND OFFICE I RANSPORTER OIL GAS / OPERATOR / PRORATION OFFICE Operator H. K. KEESEE Address P. O. BOX 1995, FARMINGTON, NEW MEXICO 87401		
IRANSPORTER OIL GAS / OPERATOR / PRORATION OFFICE Operator H. K. KEESEE Address P. O. BOX 1995, FARMINGTON, NEW MEXICO 87401		
OPERATOR / OPERATOR / OPERATOR / OPERATOR / OPERATOR / OPERATOR OP		
PRORATION OFFICE Operator H. K. KEESEE Address P. O. BOX 1995, FARMINGTON, NEW MEXICO 87401		
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P. O. BOX 1995, FARMINGTON, NEW MEXICO 87401		
P. O. BOX 1995, PARMINGTON, NEW PLATES OF THE PROPERTY OF THE		
Reason(s) for filing (Check proper box) Other (Please explain) John		
New Well Change in Transporter of: CHANGE OF LEASE NAME Keels	on yearch	
Reason(s) for filing (Check proper box) New Well Recompletion Change in Transporter of: Oil Dry Gas PLEASE NOTE BELOW:	#1	
Change in Ownership Casinghead Gas Condensate		
If change of ownership give name		
and address of previous owner	······································	
II. DESCRIPTION OF WELL AND LEASE Kind of Lease	Lease No.	
Lease Name Well No. Pool Name, including 1 strates. Federal or Fee IND.	2000	
CINCO DIABLOS 13 BALLARD PICTURE CLIPP State, Federal of Federal o		
Unit Letter A ; 790 Feet From The NORTH Line and 790 Feet From The EAST		
CANDOVAL	County	
Line of Section 19 Township 23 NORTH Range 3 WEST , NMPM, SANDOVAL		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	to an be seen	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form	is to be sent)	
Address (Give address to which approved copy of this form	is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form P. O. BOX 990, FARMINGTON, N.	P. O. BOX 990, FARMINGTON, N.M. 87401	
Unit Sec. Twp. P.ge. Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.		
If this production is commingled with that from any other lease or pool, give commingling order number:		
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same	Res'v. Diff. Res'v.	
Designate Type of Completion - (X)		
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 2985		
I M T T EO		
7-17-59 Tubing Depth Tubing Depth Tubing Depth		
Z-17-69 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation PICTURED CLIFF 7260 GR Top Oil/Gas Pay 2933'		
2-17-69 Elevations (DF, RKB, RT, GR, etc.) 7260 GR Perforations Perforations Depth Casing Shoe		
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(Date)

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.