

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
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

RECEIVED
NOV 07 1984
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Rader Oil Company

Address
4715 Fredericksburg Rd., Suite #522 San Antonio, Texas 78229

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☒ Oil	☐ Dry Gas
☒ Change in Ownership	☐ Casinghead Gas	☐ Condensate

If change of ownership give name and address of previous owner Noel Reynolds

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ann</u>	Well No. <u>15</u>	Pool Name, including Formation <u>S. San Louis, Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease <u>SFO8</u>
Location Unit Letter <u>A</u> ; <u>1029</u> Feet From The <u>North</u> Line and <u>1016</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>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <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 ☐ or Dry Gas ☐	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.	Rgs.	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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 multiphase completed wells.