

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS MAY 14 1987

I. **Owner**  
Beard Oil Company

**Address**  
2000 Classen Center, Suite 200 South, Oklahoma City, OK 73106

**Reason(s) for filing (Check proper box)**

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: The Beard Company (Formerly Beard Oil Company)

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name Chacra	Well No. 2	Pool Name, including Formation Rusty Chacra	Kind of Lease State, Federal or Free Federal	Lease No. NM-25821
Location Unit Letter <u>C</u> : <u>1160</u> Feet From The <u>South</u> Line and <u>1600</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>22N</u> Range <u>7W</u> , NMPM, <u>Sandoval</u> County				

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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. Rgs. Is gas actually connected? When SIGW - No contract negotiated

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.

Ivan D. Allred, Jr.  
(Signature)  
Ivan D. Allred, Jr., Vice President  
(Title)  
October 1, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Cawley 1987  
BY Supervisor  
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.

DIST.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'r.	Diff. Res'r.
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