## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	****			•
DISTRIBUTION		$\top$	T	
SANTA PE		1	T	
PILE		1		
U.S.G.S.		T-	1	
LAND OFFICE		1		i
TRAMEPORTER	OIL			1
	GAS			1
OPERATOR		1		ļ
PROBATION OFFICE			4	

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

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

m Feerman

	OR ALLOWABLE DECEIVED			
Operator	JUN 1 4 1984 ビリ			
DAVE M. THOMAS, JR.	OIL CON. DIV.			
Address	Dict. DIV.			
P.O. Box 2026, Farmington, New Mexico 8  Recson(s) for filing (Check proper box)	7499 DIST. 3			
New Well Change in Transporter of:	Other (Please explain)			
- Recompletion	Pool Name Change			
Change to Consensity	Condensate			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name   Well No.   Pool Name, Including	Ticomillal Legae No.			
Chacon Jic. Apache "D"   105   West Lindrith	Gallup-Dakota State, Federal or Fee Apache 55-A			
Unit Letter D : 790 Feet From The North Line and 790 Feet From The West				
Line of Section 36 Township 23N Range	3W NMPM, Sandoval County			
	County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS			
Name of Authorized Transporter of Cit or Condensate	Address (Give address to which approved copy of this form is to be sent)			
Giant Refining Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas	P.O. Box 256, Farmington, New Mexico 87499  Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico 87499			
If well produces oil or liquids, Quantum Sec. Twp. Rgs. Que location of tanks. D 36 23N 3W	Is gas detually connected? When			
f 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.				
Л. CERTIFICATE OF COMPITANCE	OIL CONSERVATION DIVISION			
hereby certify that the rules and regulations of the Oil Conservation Division have				
een complied with and that the information given is true and complete to the best of my knowledge and belief.				
ay knowledge and benef.	BY			
	TITLESUPERVISOR DISTRICT # 3			
$\rho$ $\rho$ $\rho$ $\rho$	This form is to be filed in compliance with RULE 1104.			
Signature)  (Signature)  well, this form must be accompanied by a tabulation of the deviation on the well in accordance with AULE 111.				
(Title)	(Title) All sections of this form must be filled out completely for all			
Tune 12 1984				
(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.			
	•			