STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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DISTRIBUTION			ī
BANTA FE			
FILE			1
V.1.G.4.			
LAND OFFICE			\vdash
TRAMSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF			

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83	
 FEB 05 1986	-
CON DIV	

Fill out only Sections L. 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.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHO	RIZATION	TO TRAN	PORT OIL A	UTAN DN	RAL GAS DIST. 3	Doff,	
Operator	· · · · <u> </u>							
Dabros Properties	, Inc.							
P.O. Box 7167, Bi	llings,	MT 591	03					
Reason(s) for filing (Check proper box)	s) for filing (Check proper box)				Other (Please explain)			
New Well	Change in Transporter of:							
Ascompletion	O11			ry Gas	Chan	20 of O		
X Change in Ownership	Cos	Inghead Gas	[] •	Condensate Change of Operator				
If change of ownership give name and address of previous owner	N Oil an	d Gas,	550 N 3	lst St, St	uite 22(), Billings, MT 59	101	
II. DESCRIPTION OF WELL AND	LEASE							
Lease Name	1	Pool Name	, including f	ormation		Kind of Lease	Lease No.	
Natani	#25	Unde	s Chacra	3		State, Federal or Fee	NM-34580	
10	Feet Fro			18 and18		Feet From The East	After the second	
	ship 21 N		Range 5		, NMPM,	Sandoval	County	
III. DESIGNATION OF TRANSPO	ORTER OF	OIL AND	<u>NATURA</u>					
Name of Manustred Liquisporter of Cit		OUGSURGES (Address (Giv	e address u	which approved copy of this fo	rm is to be sent)	
Name of Authorized Transporter of Casts None		or Dry	Gas 🗀	Address (Giv	e address ti	o which approved copy of this fo	rm is to be sent;	
If well produces oil or liquids,	Unit Sec	. Twp.	Rge.	is gas actual	ly connecte	d? When		
give location of tanks.	<u> </u>	<u> </u>			No			
If this production is commingled with NOTE: Complete Parts IV and V	on reverse s			give comming				
VI. CERTIFICATE OF COMPLIAN	Œ				UIL CL	INSERVATION DIVISION	٧	
I hereby certify that the rules and regulation been complied with and that the information				APPROVE	ED	FEB -	<u>5</u> 1986	
my knowledge and belief.		•		BY		Trank	Lave	
						SUPERVISO	IR DISTRICT # :	
1	- 1			TITLE				
-K, /	, //·,	((This f	form is to	be filed in compliance with	BUL F 1104	
Druce C	(. 94 d	¥		If this	is a reque	st for allowable for a newly	dellied or deananad	
(Signature) Controller			Well, this :	ions must	be accompanied by a tabulat ell in accordance with RUL	ion of the deviceion		
Contro						his form must be filled out or		
• • • • •		6		able on ne	w and reco	empleted wells.	ambiarath int STIOM	
January 29, 1986			Tritt and males direct and man a second					