STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI	1	1	
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U.1.G.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 875/01

EEB 05 1986	
- 07 130D	,
OIL CON. DIV.	

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.

<u>1.</u>			- /	WYE 920 DIGI.		
Operator						
Dabros Properties, Inc.						
P.O. Box 7167, Billings, MT	59103					
Reason(s) for filing (Check proper box)			1 Out (0)			
l 🦳	Change in Transporter of:					
Recompletion OII		Dry Gas	Chang	ge of Operator		
Change in Ownership Casing		Condensate		,		
If change of ownership give name IN Oct 1						
and address of previous owner JN Oil and	Gas, 550 N 3	lst St,	Suite 22	O, Billings, MT 59	9101	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. P	Pool Name, Including F	Formation		V-4-11		
Natani #10				Kind of Lease	Leane No.	
Location 1 1/10	Rusty Chacr	a		State, Federal or Fee	NM-17007	
Unit Letter C : 800 Feet From	- North	,	1000			
Unit Letter : COO Feet From	The NOLLII LI		1800	Feet From The West		
Line of Section 14 Township 21 No:	rth Bonce 6	Uon+	, NMPM,	C1- 1		
	I CII MANAGE O	WESL	, NMPM,	Sandoval	County	
III. DESIGNATION OF TRANSPORTER OF OI	L AND NATTIRA	I. GAS		•		
Name of Authorized Transporter of OLL ar Cond	densate 🔲	Astress (Give address t	o which approved copy of this f	orm is to be sent)	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address t	o which approved copy of this fo	orm is to be sent)	
None						
If well produces oil or liquids, que location of tanks.	Twp. Rge.	la das act	ually connecte	d? When		
<u> </u>			No			
f this production is commingled with that from any o	other lease or pool,	give comm	ingling order	number:		
NOTE: Complete Parts IV and V on reverse side	e if necessary.				·	
•	y massauly.	11				
7. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION				
hereby certify that the rules and regulations of the Oil Conse	ervation Division have	APPRO	VED	FER	- 5 ₁ 1986	
een complied with and that the information given is true and c	omplete to the best of	AL LAG	VED		A 1000	
ny knowiedge and belief.		BY		Dranked		
1	•	TITLE.		SUPERVISO	R DISTRICT 3	
R = I + I + I + I + I + I + I + I + I + I	İ	11				
Druce U. All		Ini	s form is to !	be filed in compliance with	RULE 1104.	
(Signature)		well, thi	s tour mark:	est for allowable for a newly be accompanied by a tabula	tion of the devices	
Controller		Ingle (m)	rau of the Ma	on to accordance with MAP	£ 111.	
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.				
January 29, 1986		Fin	out only Se	ctions I II III and VI for	Changes of owner	
(Date)		well nam	e or number,	or transporter, or other such	change of condition.	