

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator PETROCORO.

Address 16800 Greenspoint Park Drive, Suite 300, North Atrium
Houston, Texas 77060

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) <u>Effective 12/1/86</u>
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner JACK A. COLE P. O. Box 191 Farmington, New Mexico. 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Indian Bend "A"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Ballard Pictured Cliffs</u>	Kind of Lease <u>Jicarilla</u>	Lease No. <u>358</u>
Location			State, Federal or Fee Apache	
Unit Letter <u>C</u>	<u>790</u>	Feet From The <u>North</u>	Line and <u>1820-</u>	Feet From The <u>West</u>
Line of Section <u>5</u>	Township <u>22N</u>	Range <u>2W</u>	<u>NMPM, Sandoval County</u>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>None</u>	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"/> <u>EL PASO NATURAL GAS COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990 Farmington, N.M. 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rqs. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order numbers: _____

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.

FOR: PETROCORP

ORIGINAL SIGNED BY
EWELL N. WALSH

Ewell N. Walsh, P.E. (Signature) President
Walsh Engr. & Prod. Corp.

12/29/86

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 5

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.