If change of ownership give name and address of previous owner—Shap-Alan Oil Co., 4101 E.L. Avo., Den., Colo. 80222 II. DESCRIPTION OF WELL AND LEASE Control Store Description State of Lease State State	1.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER OPERATOR PRORATION OFFICE Operator Address Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership	REQUEST AUTHORIZATION TO TRA GAS CO., INC. Change in Transporter of: OII Dry G	orado 80222 Other (<i>Pleas</i>	NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 DEC 3 7 1988 OIL CON COLL	
DESCRIPTION OF WELL AND LEASE		of ownership give name					
Line of Section Peet Prom The Line and Sectio		and address of previous owner _Sha	ir-Alan Oil Co., 41	Ol E La. Ave	., Den., C e	910. 80222	
Unit Letter P : 1190 Feet From The R Line and 990 Feet From The S. Line of Section 22 Township 24N Ranger II NAMED NATURAL GS Name of Authorized Transporter of Oil or Ordenance Nation Section 22	II.			Formation		i i	
Unit Letter D : 1190 Feet From The R Line and 990 Feet From The S Line of Section 22 Township 24N Rance IV , NAFFM, Rio Arriba County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of County and Same of Condensate Address (Give address to whick approved copy of this form is to be sent) Name of Authorized Transporter of County and Same of Der Glas Address (Give address to whick approved copy of this form is to be sent) Name of Authorized Transporter of County and Same of Der Glas Address (Give address to whick approved copy of this form is to be sent) Name of Authorized Transporter of County and Same of Per Glas Box 990 Parmington, NN 87401 If well preduces oil or Invited. If this production is commingted with that from any other lease or pool, give commingting order number: IV. COMPLETION DATA Designate Type of Completion - (X) Dere Spudded Dere Compl. Rendy to Production Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation TUBING, CASING, AND CEMENTIN RECOMMENT P.B.T.D. Perforations TUBING, CASING, AND CEMENTIN RECOMMENT P.B.T.D. Designate Type of Completion - (X) TO COMPLETION DATA TO COMPLETION DATA TO COMPLETION DATA County To Completion - (X) Date Spudded Dere Compl. Rendy to Produce P.B.T.D. Perforations TUBING, CASING, AND CEMENTIN RECOMMENT P.B.T.D. Perforations TUBING, CASING, AND CEMENT P.B.T.D. PERFORMENT P.B.T.D. PERFORMENT P.B	3	Location McDaniel	l So Blanco	PC	State, Federal or F	ee Tee	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Noze of Authorized Transporter of Oil Or Consequence Address to which approved copy of this form is to be seat) Noze of Authorized Transporter of Crasinghead Gas Ot Day Gab Address (Give address to which approved copy of this form is to be seat) Noze of Authorized Transporter of Crasinghead Gas Ot Day Gab Address (Give address to which approved copy of this form is to be seat) File production of incise. Address (Give address to which approved copy of this form is to be seat) File production of incise. Box 900 Partitions NM 87401 If well production is comminged with that from any other lease or pool, give comminging order number.			90 Feet From The K Li	ne and 990	Feet From The	_S	
Name of Authorized Transporter of Oil of Condensate		Line of Section 22 Town	nship 24N Range	1W , NMP	M, Rio Arr	iha County	
Name of Authorized Transporter of Oil of Condensate	111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL G	AS			
### Fig. Box 990 Farmington, NM 87401 If well produces not or legads, give location of starks. Utilit Sec. New Page Is gas actually connected? When Whe		Name of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approved c	opy of this form is to be sent)	
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If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Cill Wall Gas Weil New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Date Spudded Date Compil. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Cil/Ge Figh. 1960 Perforations TUBING, CASING, AND CEMENTING RESONANCE Publing Depth Perforations TUBING, CASING, AND CEMENTING RESONANCE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Date First New Cill Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Chair of Pressure Choice Size Actual Prod. During Test Cill-Bbls. Water-Bbls. Gas-MGF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/AMMCF Gravity of Condensate Testing Method (Pitot, back pr.) Tubing Pressure (Shut-in) Choice Size OIL CONSERVATION COMMISSION DEC 3 0 1968 DEC 3 0 1968 DEC 3 0 1968		If well produces oil or liquids,	Gas Company Unit Sec. Twp. Rge.	Box 990 P	armington, When	NM 87401	
Designate Type of Completion — (X)		<u> </u>	·				
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TITLE SUPERVISOR DIST. #S				n II o · · · ·	By Original Signed by Emery C. Arnold		
my to form to to be filed in compliance with RULE 1104.				!	TITLESUPERVISOR DIST. #3		
This form is to be fired in companies and delived or described		400		This form is	This form is to be filed in compliance with RULE 1104.		
If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		Signature)			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.		

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.

All sections of this form must be filled out completely for allowable on new and recompleted wells.