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OIL CON. DIV.

EXT. 3

Form C-104  
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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator Tiffany Gas Co.

Address P. O. Box 50, Farmington, N.M. 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Accomplishment	<input checked="" type="checkbox"/> Casinthead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner \_\_\_\_\_

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Connie 21</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Escrito Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF078924</u>
Location				
Unit Letter <u>I</u>	<u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>21</u>	Township <u>24 North</u>	Range <u>7 West</u>	NMPM, <u>Rio Arriba</u> County	

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Conoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1429, Bloomfield, N.M. 87413</u>
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Tiffany Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 50, Farmington, N.M. 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>6/60</u>
Unit <u>I</u> Sec. <u>21</u> Twp. <u>24N</u> Rge. <u>7W</u>	

If 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.

### 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.

*Martha Bonville*  
(Signature)  
Production Clerk  
(Title)  
4/1/88  
(Date)

OIL CONSERVATION DIVISION

1988

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

SUPERVISOR DISTRICT 5

TITLE \_\_\_\_\_

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.