

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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APR 14 1988

OIL CONSERVATION DIVISION
Form C-104
Revised 10-01-78
Format 0000880
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Grace Federal 24</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Devils Fork-Gallup</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>SF078563</u>
Location Unit Letter <u>C</u> : <u>950</u> Feet From The <u>North</u> Line and <u>1640</u> Feet From The <u>West</u>				
Line of Section <u>24</u> Township <u>24N</u> Range <u>7W</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 Casinghead 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.	Unit <u>C</u>	Sec. <u>24</u>	Twp. <u>24N</u>	Rge. <u>7W</u>
Is gas actually connected?		When		
<u>yes</u>		<u>11/81</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.

Deanna Maxwell
(Signature)
Production Clerk
(Title)
4/1/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 1988
BY _____
TITLE _____ SUPERVISOR DISTRICT 8

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.