

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SEP 03 1987
OIL CON. DIV.
DIST. 3

I. Operator
Reading & Bates Petroleum Co.

Address
2200 Mid-Continent Tower Tulsa, OK 74103

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 checked="" type="checkbox"/> Oil | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input 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 Federal 17 | Well No. 2-1 | Pool Name, including Formation W. Lindrith Gallup-Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. 03754 |
| Location Unit Letter 0 : 790 Feet From The S Line and 1900 Feet From The E | | | | |
| Line of Section 17 Township 24N Range 3W , NMPM, Rio Arriba County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Gary Marketing Corp | Address (Give address to which approved copy of this form is to be sent) 77 Road 4990 P.O. Box 159 Bloomfield, NM 87413 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, TX 79978 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When Yes |

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.

Matt Finhart
(Signature)
Sr. Engineering Technician
(Title)
9-1-87
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 3 1987**
BY **Frank J. Davis**
TITLE **SUPERVISOR DISTRICT #3**

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 deviate 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 multiphase completed wells.