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U.S.G.A.			
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TRANSPORTER	<table border="1"> <tr> <td>010</td> </tr> <tr> <td>000</td> </tr> </table>	010	000
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OPERATOR			
OPERATING OFFICE			

SANTA FE, NEW MEXICO 87501

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MAR 23 1967

CON. DIV.
DIST. 3

370 17th Street, Suite 1700, Denver, CO 80202

Reasons for filing (Check proper box)

☐ New Vets
☐ Reemployment
☐ Change in Circumstances

Change in Transmitter of:

☐ Oil	☐ Dry Gas
☐ Continuous Gas	☒ Continuous

Other (Please explain)

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

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	State, Federal or Free	Section No.
Lindrith	13	Basin Dakota		Federal	USA-7M-079161
Section					
Unit Letter	A	990	Feet From The North	Line and	990
			Feet From The		East
Line of Section	9	Township	26N	Range	7W
			North		Rio Arriba
					County

Name of Authorised Transporter of Oil ☒ or Gas ☒		Address (Give address to which approved copy of this form is to be sent)				
Permian Corporation Permian (Eff 9 / 1 / 87)		P.O. Box 1702, Farmington, NM 87401				
Name of Authorised Transporter of Gas ☒ or Oil ☒		Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company		P.O. Box 990, Farmington, NM 87499				
It will produce oil or liquids.	Unit	Sec.	Tr.	Reg.	Is gas actually extracted?	When
Give location of lease.	A	9	26N	7W	YES	July 1962
If this production is commingled with that from any other lease or pool, give commingling order number.						

* 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.

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.

Denise R. Hindeman's

Senior Production Clerk

March 16, 1987

APPROVED

MAR 23 1987

BY

SUPERVISOR DISTRICT ☐ ☐

TITLE

This form is to be filed in compliance with NULG 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 allow-
able on new and reconstructed walls.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transport or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.