

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASForm C-104
Revised 10-01-78
Format 06-01-83
Page 1RECEIVED
JUN 24 1987
OIL CON. DIV.
DIST. 3

Operator JEROME P. McHUGH	
Address P O Box 809, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recombination <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Effective 7/1/87	

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

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Apache	Well No. 6	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. IC98
Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>800</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>26N</u> Range <u>03W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Petro Source Corp.	8777 E Via de Ventura, Suite 100, Scottsdale, AZ 85258
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corp.	P.O. Box 8900 Salt Lake City, Utah 84108
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit : <u>M</u> Sec. : <u>17</u> Twp. : <u>26N</u> Rge. : <u>03W</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.

James S. Hazen (Signature)
Field Supt.
6/22/87 (Date)

OIL CONSERVATION DIVISION
JUN 24 1987

APPROVED _____, 19____
BY _____
TITLE SUPERVISION 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 deviated 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.