

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 05-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I, Operator  
Horizon Oil & Gas Corporation

Address  
P. O. Box 840, Farmington, New Mexico 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 checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain):

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MAY 21 1985  
OIL CON. DIV.  
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Canyon Largo Unit</u>	Well No. <u>343</u>	Pool Name, including Formation <u>Devils Fork Gallup Ext.</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>SF 078885</u>
Location				
Unit Letter <u>K</u>	: <u>1650</u>	Feet From The <u>South</u>	Line and <u>1850</u>	Feet From The <u>West</u>
Line of Section <u>29</u>	Township <u>25N</u>	Range <u>6W</u>	<u>NMPM, Rio Arriba County</u>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Mancos Corporation</u>	<u>P. O. Box 1320, Farmington, New Mexico 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co.</u>	<u>P. O. Box 4289, Farmington, New Mexico 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>29</u> Twp. <u>25N</u> Rge. <u>6W</u>	Yes <u>7/84</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.

[Signature]  
(Signature)  
Steve S. Dunn, Operations Manager  
(Title)  
5/31/85  
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] **MAY 21 1985**  
BY [Signature]  
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 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 filled for each pool in multiply completed wells.