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| STATE OF NEW MEXICO | 5 C 104 |
| NERGY AND MINERALS DEPARTMENT | Form C-104 Revised 10-01-78 |
| DISTRIBUTION OIL CONSERVA | TION DIVISION Format 06-01-83 Page 1 |
| BANTA FE P. O. BOX | i |
| SANTA FE NEW MEXICO 87501 | |
| LAND OFFICE | |
| TRANSPORTER OIL | |
| GAS REQUEST FOR | |
| AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | |
| | |
| Operator | |
| JEROME P. McHUGH | |
| Address NM 97/00 | |
| P O Box 809, Farmington, NM 87499 | Other (Please explain) |
| Reason(s) for filing (Check proper box) Change in Transporter of: | Ones it was a specific |
| | lst Delivery of Gas on Oil Well |
| C Kaccombiation H 21 | ndensate |
| Change in Outliership | |
| f change of ownership give name and address of previous owner | |
| I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Fo | ormation Kind of Lease Lease No. |
| | Gallup Dakota Stote, Federal or Fee Federal NM42422 |
| Location | |
| P 540 South Line and 530 Feet From The East | |
| | |
| Line of Section 28 Township 25N Range | 8W NMPM, San Juan County |
| THE PROPERTY OF THE ANCHORTER OF OIL AND NATURAL CAS | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of OIL XX or Condensate | Address (Give address to which approved copy of this form is to be sent) |
| Giant Refining, Inc. | P O Box 256, Farmington, NM 87499 |
| Name of Authorized Transporter of Casinghead Gas XX or Dry Gas | Address (Give address to which approved copy of this form is to be sent) |
| Jerome P. McHugh | P O Box 809, Farmington, NM 87499 |
| Unit Sec. Twp. Rge. | Is gas actually connected? When |
| If well produces oil or liquids, P 28 25N 8W | Yes 11:50 am, 10/7/86 |
| 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 | OIL CONSERVATION DIVISION 1986 |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED UL 19 |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. | BY Srank Love |
| my knowledge and benefit | SUPERVISOR DISTRICT 7 30 |
| () // // | TITLE |

(Signature)

(Title)

(Date)

Field Supt

10/10/86

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.