## STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

| <b>60. 00 10***** ***</b> |     | 1 |  |  |
|---------------------------|-----|---|--|--|
| DISTRIBUTION              |     |   |  |  |
| 8447A / E                 |     |   |  |  |
| FILE                      |     |   |  |  |
| vaaa.                     |     |   |  |  |
| LAND OFFICE               |     |   |  |  |
| TRANSPORTER               | OIL |   |  |  |
|                           | GAS |   |  |  |
| OPERATOR.                 |     |   |  |  |
| PROBATION OFFICE          |     |   |  |  |

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

Revised 10-01-78
Format 08-01-43
Page 1

JUN2 4 1987

REQUEST FOR ALLOWABLE

| PROMATION OFFICE                                                                                                                                                                                                                                                   | A<br>CHORIZATION TO TRANS    | ND<br>PORT OIL                                                                                                                                                                               | AND NATU                                                                      | RAL GAS OIL CONT. DON                                                                                                          | • 1         |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------|--|--|
|                                                                                                                                                                                                                                                                    | THORIZATION TO THORIS        | ISPORT OIL AND NATURAL GAS OIL CON. DIV.                                                                                                                                                     |                                                                               |                                                                                                                                |             |  |  |
| JEROME P. McHUGH                                                                                                                                                                                                                                                   |                              |                                                                                                                                                                                              |                                                                               |                                                                                                                                |             |  |  |
| P O Box 809, Farmington,                                                                                                                                                                                                                                           | NM 87499                     |                                                                                                                                                                                              |                                                                               |                                                                                                                                |             |  |  |
| Rooson(s) for filing (Check proper box)                                                                                                                                                                                                                            |                              |                                                                                                                                                                                              |                                                                               | Other (Please explain)                                                                                                         |             |  |  |
|                                                                                                                                                                                                                                                                    | nge in Transporter of:       | 7/1/07                                                                                                                                                                                       |                                                                               |                                                                                                                                |             |  |  |
| Recompletion                                                                                                                                                                                                                                                       | <u> </u>                     | ey Gas Effective 7/1/87                                                                                                                                                                      |                                                                               |                                                                                                                                |             |  |  |
| Change in Ownership                                                                                                                                                                                                                                                | Casinghead Gas C             | Ondensale                                                                                                                                                                                    |                                                                               |                                                                                                                                | <del></del> |  |  |
| change of awnership give name address of previous owner                                                                                                                                                                                                            |                              |                                                                                                                                                                                              |                                                                               |                                                                                                                                |             |  |  |
| I. DESCRIPTION OF WELL AND LEASE                                                                                                                                                                                                                                   | No.   Pool Name, Including F | 'ar-allan                                                                                                                                                                                    |                                                                               | Kind of Lease                                                                                                                  | Losse No.   |  |  |
| Anabel A                                                                                                                                                                                                                                                           | l Duffers Poin               |                                                                                                                                                                                              | n Dakota                                                                      | 1                                                                                                                              | NM42422     |  |  |
| Largies                                                                                                                                                                                                                                                            | I Duriers rorr               | ic dalla                                                                                                                                                                                     | p bakoca                                                                      | reactur                                                                                                                        | 1 1111-2-22 |  |  |
|                                                                                                                                                                                                                                                                    | t From The South Lin         | ne and                                                                                                                                                                                       | 530                                                                           | Feet From The East                                                                                                             |             |  |  |
|                                                                                                                                                                                                                                                                    |                              |                                                                                                                                                                                              |                                                                               |                                                                                                                                | _           |  |  |
| Line of Section 28 Township                                                                                                                                                                                                                                        | 25N Range                    | 8W                                                                                                                                                                                           | , имри                                                                        | . San Juan                                                                                                                     | County      |  |  |
| II. DESIGNATION OF TRANSPORTER  Name of Authorized Transporter of Cit (XX)  Petro Source Corp.  Name of Authorized Transporter of Casinghead G  Jerome P. McHugh  If well produces oil or liquids,  If well produces oil or liquids,  If you lacation of tanza.  P | or Condensate                | 8777 J<br>Address (<br>P.O.                                                                                                                                                                  | E Via de<br>Give address                                                      | Ventura, Suite 100, Scot to which approved copy of this form is to which approved copy of this form is to Farmington, NM 87499 | tsdale, AZ  |  |  |
| this production is commingled with that from                                                                                                                                                                                                                       | om any other lease or pool,  | give comm                                                                                                                                                                                    | ningling order                                                                | numberi                                                                                                                        |             |  |  |
| NOTE: Complete Parts IV and V on reve                                                                                                                                                                                                                              |                              |                                                                                                                                                                                              |                                                                               |                                                                                                                                |             |  |  |
| 1. CERTIFICATE OF COMPLIANCE                                                                                                                                                                                                                                       |                              | OIL CONSERVATION DIVISION JUN 24 1987                                                                                                                                                        |                                                                               |                                                                                                                                |             |  |  |
| Approximately that the rules and regulations of the Oil Conservation Division have   APPROVED                                                                                                                                                                      |                              |                                                                                                                                                                                              |                                                                               | 19                                                                                                                             |             |  |  |
| cea complied with and that the information given is true and complete to the best of  y knowledge and belief.  BY                                                                                                                                                  |                              |                                                                                                                                                                                              | 3 Do Chang                                                                    |                                                                                                                                |             |  |  |
|                                                                                                                                                                                                                                                                    |                              | TITLE                                                                                                                                                                                        |                                                                               | SUPERVISION DISTRICT                                                                                                           | # 3         |  |  |
|                                                                                                                                                                                                                                                                    |                              | This form is to be filed in compliance with RULE 1184.                                                                                                                                       |                                                                               |                                                                                                                                |             |  |  |
| James S. Hazen (Signature)                                                                                                                                                                                                                                         |                              | If this is a request for allowable for a newly drilled or deepens: well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |                                                                               |                                                                                                                                |             |  |  |
| Field Supt. (Title)                                                                                                                                                                                                                                                |                              | 41                                                                                                                                                                                           | sections of                                                                   | this form must be filled out completed wells.                                                                                  |             |  |  |
| 6/22/87                                                                                                                                                                                                                                                            |                              | Fill out only Sections I. II. III. and VI for changes of ewner. well name or number, or transporter, or other such change of condition.                                                      |                                                                               |                                                                                                                                |             |  |  |
| (Date)                                                                                                                                                                                                                                                             |                              |                                                                                                                                                                                              | Separate Forms C-104 must be filed for each pool in multiply completed wells. |                                                                                                                                |             |  |  |