

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	NATURAL GAS
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PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2038  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
SEP 21 1987  
OIL CON. DIV.  
DIST. 3

Operator <b>COLUMBUS ENERGY CORPORATION</b>	
Address <b>P.O. BOX 2038, FARMINGTON, NEW MEXICO 87499</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Change of Operator (From Union Texas Petroleum Corporation)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>NEWSOM "C"</b>	Well No. <b>1</b>	Pool Name, including Formation <b>BALLARD PICTURED CLIFFS</b>	Kind of Lease State, Federal or Fee <b>FED SE</b>	Lease No. <b>078384</b>
Location Unit Letter <b>B</b> ; <b>1035</b> Feet From The <b>NORTH</b> Line and <b>1630</b> Feet From The <b>EAST</b> Line of Section <b>21</b> Township <b>26NORTH</b> Range <b>8 WEST</b> N.M.P.M. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Gashead 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)	
<b>GAS COMPANY OF NEW MEXICO</b>	<b>P.O. BOX 1899, BLOOMFIELD, NEW MEXICO 87413</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>21</b>
	Twp. <b>26N</b>	Rge. <b>8W</b>
	Is gas actually connected? <b>Yes</b>	

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.

*Kay L. Eckstein*  
(Signature)  
**PRODUCTION & DRILLING TECHNICIAN**  
(Title)  
September 17, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED *SEP 21 1987*  
BY *Frank J. Davis*  
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 filed for each pool in multiply completed wells.