STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| **. ** * **** *** | **** | Τ_ | - |
|-------------------|------|----|---|
| DISTRIBUTI | OH | | |
| BANTA FE | | | _ |
| FILE | | | |
| v.s.g.s. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | BAD | | |
| OPERATOR | | | |
| PROBATION OFFICE | | | |

OIL CONSERVATION DIVISION

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

| P. O. B. | OX 2088 |
|--|--|
| U.S.G.S. SANTA FE, NE | W MEXICO 87501 |
| TRANSPORTER | |
| OPERATOR . | 4040 - 814 |
| PROBATION OFFICE AUTHORIZATION TO TRANS | SPORT OIL AND NATURAL CONTROL |
| I. | THE COMPANY |
| Operator O.T.H.G., Inc. | Dist. 3 |
| c/o A. R. Kendrick, Box 516, Aztec, New Me | exico 87401 (505) 334-2555 |
| Reason(s) for liling (Check proper box) | Other (Please explain) |
| New Well Change in Transporter of: | Gas from Amcco |
| | Ory Gas Condensate |
| If change of ownership give name Amoco Production Compand address of previous owner | any, Farmington, New Mexico 87401 |
| II. DESCRIPTION OF WELL AND LEASE | |
| Lease Name Well No. Pool Name, Including F | |
| Navajo Tribal U 5 Tocito Dome F | Pennsylvanian D SXXX Federal XXXX 14-20-603-5034 |
| Location | |
| Unit Letter P : 660 Feet From The South Li | ne and 660 Feet From The East |
| Line of Section 16 Township 26N Range | 18W , NMPM, Sen Juan County |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL | I GAS |
| Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) | |
| The Permian Corp. | Box 1183, Houston, Texas 77251-1183 |
| Name of Authorized Transporter of Casinghead Gas 📉 or Dry Gas 🗌 Address (Give address to which approved copy of this form is to be sent) | |
| O.T.H.G., Inc. | Box 312, Otis, Karsas 67565 |
| If well produces oil or liquids, Unit Sec. Twp. Rgs. | Is gas actually connected? When |
| give location of tanks. A 120 26N 18W | Yes ! 5/11/65 |
| If this production is commingled with that from any other lease or pool, | give commingling order number: CTB-123 |
| NOTE: Complete Parts IV and V on reverse side if necessary. | |
| VI. CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION 2.0 1987 |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED 19 |
| been complied with and that the information given is true and complete to the best of my knowledge and belief. | BYSTranks |
| | TITLE SUPERVISOR DISTRICT TO 8 |
| . / | |
| | This form is to be filed in compliance with MULE 1104. |

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|--------------------|
| Agent (Signatural) |
| 1/19/87 |
| (Delo) |

| OIL (| CONSERVATION DIVISION 2 A 1987 |
|----------|---|
| APPROVED | JAN 2.0 1987 |
| BY | SUBSCIPLION DUMAN TO THE STATE OF THE STATE |
| TITLE | SUPERVISOR DISTRICT OF 8 () |

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.