

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
O.T.H.G., Inc.

Address (505) 334-2555
c/o A. R. Kendrick, Box 516, Aztec, New Mexico 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Gas from Amoco
<input checked="" type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Amoco Production Company, Farmington, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribal N	Well No. 1	Pool Name, including Formation Tocito Dome Pennsylvanian D	Kind of Lease XXXX Federal or Fee	Lease No. 14-20-603-5035
Location Unit Letter M ; 790 Feet From The South Line and 790 Feet From The West Line of Section 17 Township 26N Range 18W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77251-1183	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> O.T.H.G., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 312, Otis, Kansas 67565	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20
	Twp. 26N	Rge. 18W
	Is gas actually connected? Yes	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number: C.T.B.-123

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.

AR Kendrick
(Signature)

Agent

1/19/87
(Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]* JAN 20 1987
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 filed for each pool in multiply completed wells.