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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION P.O. Box 2088

| Form C-104 Revised 1-1-89 See Instructions at Bottom of Pag |
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| RECUEST FOR ALLOWABLE AND AUTHORIZATION TOTRANSPORT OIL AND NATURAL GAS Well API No. | DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | Sa | anta Fe | , New M | lexico 8750 | 14-2088 | | | | | |
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| Content Cont | I. | REQ | | | | | | | | | | |
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| Consequence Oil | · • | | | | | Othe | t (Please expla | in) | | | | |
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| IL DESCRIPTION OF WELL AND LEASE Lease Name Richardson 6 Foot State, Federal or Fed Richardson 1190 | If change of operator give name | Casinghe | ad Gas | Conden | sale | | | | | | | |
| Richardson Callup Decount Some, Footened or Poly SF 077972 Some, Footened or Poly SF 077972 MOEEL Line and 2400 Feet From The Uest Line and Section 10 Township 27N Range 13W NoMPM, San Juan Country III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorited Transporter of Oil Control of Condensate Client Refining Co. Name of Authorited Transporter of Catinghead Gas or Dry Gas Address (Give address to which approved copy of his form is to be seen.) If well produces of or inquids, N 10 27N 13M Address (Give address to which approved copy of his form is to be seen.) If well produces of a riquids, N 10 27N 13M 874.99 (205)632- Name of Authorited Transporter of Catinghead Gas or Dry Gas Address (Give address to which approved copy of his form is to be seen.) If well produces of a riquids, N 10 27N 13M Address (Give address to which approved copy of his form is to be seen.) If the spondate of the riquids, N 10 27N 13M 18M 18M 18M 18M 18M 18M 18M 18M 18M 18 | II. DESCRIPTION OF WELL | AND LE | | | | | | | | | | |
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| International Content | N | :11 | 90 | | Nor | EnSoutte | | | eet From The | West | Line | |
| Name of Authorized Transporter of Oil Address (Give acides to which approved copy of his form as to be sent) P.O. Box 256, Farmington, NR 87499 (205)632– Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give acides to which approved copy of his form is to be sent) If well produces out or liquide, with that from any other less or pool, give commissigling order number: If well produces out or liquide, with that from any other less or pool, give commissigling order number: If well produces out or liquide, with that from any other less or pool, give commissigling order number: IV. COMPLETION DATA Designate Type of Completion - (X) | Section 10 Townshi | 27N | ſ | Range | 131 | , NN | лрм, Sa | an Juan | | | County | |
| Calant Refining Co. P.O. Box 256, Farmington, NM 87499 (205)632- | III. DESIGNATION OF TRAN | SPORTE | ER OF O | IL AN | D NATU | RAL GAS | | | | | | |
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| Tubing Case | Name of Authorized Transporter of Casin | ghead Gas | | or Dry | Gas | | | | | | | |
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.