

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED
MAR 25 1986
OIL CON. DIV.
DIST. 3

I.

Operator John Steiner Box 950 Virginia MN.

Address 90 Colmann's Assoc Room 200, 3535-E 30th Fmtn, NM 87401

Reason(s) for filing (Check proper box), Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner Eastern Pk. Carmi H. Continental Oil

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>TABLE MESA</u>	Well No. <u>25</u>	Pool Name, Including Formation <u>TABLE MESA DAKOTA</u>	Kind of Lease State, Federal or Foreign <u>North I-89-Int-57</u>	Lease No.
Location				
Unit Letter <u>K</u>	Feet From The	Line and	Feet From The	
Line of Section <u>34</u>	Township <u>28N</u>	Range <u>17W</u>	NMPM, <u>Sandoval</u>	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 Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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.

M. B. Bullock
(Signature)
Argon for John Steiner
(Date)
3-21-86
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 25 1986
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.