## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

-0. 20 125110 441	11085	J	
DIST RIPUTION			
SANTA FE			
FILE			
V.1.G.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	BAS		
OPERATOR			
PROBATION OFFICE			

1- Inland

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

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANS	FURT DIE AND NATURAL GAS		
Operator Raymond T. Duncan	ည်းမွားများ မြော		
Address			
P O Box 208, Farmington, NM 87499			
Resson(s) for liling (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	_		
Recompletion X Oil D	Dry Gas Effective October 1, 1986		
Change in Ownership Casinghead Gas Ca	ondensate		
f change of ownership give name and address of previous owner			
A DESCRIPTION OF WELL AND LEASE			
I. DESCRIPTION OF WEIL AND LEASE    Weil No.   Pool Name, Including F	ormation   Kind of Lease Navajo   Lease No.		
North Hogback 7 1 Slickrock			
Location			
Unit Letter E : 2310 Feet From The North Lin	and 330 Feet From The West		
	16W , NMPM, San Juan County		
Line at Section	, , , , , , , , , , , , , , , , , , ,		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS		
Name of Authorized Transporter of Oil 🚫 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent)			
Inland Corp.	P.O. Box 1528, Farmington, NM 87499		
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
Unit Sec. Twp. Rgs.	Is gas actually connected? When		
If well produces oil or liquids, give location of lanks.	No		
f this production is commingled with that from any other lesse or pool,	give commingling order number:		
• *			
NOTE: Complete Parts IV and V on reverse side if necessary.			
71. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
	OCT 0.9 1986		
hereby certify that the rules and regulations of the Oil Conservation Division have seen complied with and that the information given is true and complete to the best of	APPROVED OF THE		
ny knowledge and belief.			
	SUPERVISOR DISTRICT # 3		
	TITLE		
010	This form is to be filed in compliance with RULE 1104.		
Aud name	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.		
Bud Crane (Signature)			
Agent	All sections of this form must be filled out completely for allow		
(Title)	able on new and recompleted wells.		
10-7-86 (Date)	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		
/1	completed wells.		