STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA FE		Т	
FILE		П	
v.1.g.4.			
LAND OFFICE			
RETROSINANT	OIL		
	BAS		
OPERATOR			
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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

OCT.091986 D

Separate Forms C-104 must be filed for each pool in multiply completed wells.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASIL CONT. DIV.

Operator Decreased T. Decreases	were the second of the second	
Raymond T. Duncan		
P O Box 208, Farmington, NM 87499		
Reason(s) for liling (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	· · · · · · · · · · · · · · · · · · ·	
Recompletion 💹 Oil 📗 D	Effective October 1, 1986	
Change in Ownership Casinghead Gas C	ondensate	
change of ownership give name nd address of previous owner		
I. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, including F	- itavajo	
North Hogback 6 4 Slickrock	Dakota State, Federal or Fee 14-20-0603 10008	
Location M 990 South Unit Letter : Feet From The Lir	660 West	
Line of Section 6 Township 29N Range	16W NMPM, San Juan County	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate Inland Corp. Name of Authorized Transporter of Casinghead Gas or Dry Gaz	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)	
if well produces oil or liquids. Unit Sec. Twp. Rgs. L 6 29N, 16W	Is gas actually connected? When	
this production is commingled with that from any other lease or pool,	give Commingling order number:	
OTE: Complete Parts IV and V on reverse side if necessary.	•	
I. CERTIFICATE OF COMPLIANCE	CATE OF COMPLIANCE OIL CONSERVATION DIVISION	
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED OCT 091986	
ten complied with and that the information given is true and complete to the best of y knowledge and belief.		
,	TITLE SUPERVISOR DISTURCT % 3	
_	TITLE SUPERVISUR DISINGION THE SUPERVISURE DISINGING THE SUPERVI	
BIC	This form is to be filed in compliance with MULE 1104.	
Bud Crane (Signature) A good A good If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.		
Agent (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.	
10-7-86	Fill out only Sections I. II. III. and VI for changes of owner.	
(Date)	well name or number, or transporter, or other such change of condition.	