## ENERGY MO MINERALS DEPARTMENT

DISTRIBUT	0=	1	T
-		_	1
FILE		1	+-
V.3.Q.4.		+-	+-
LAND OFFICE		1-	+-
TRAMSPORTER	OIL	1	1
	-	1	
OPERATOR			1
PROBATION OF	KE	_	<del>                                     </del>

## 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 ALLOWARIE

OPERATOR		WEADER!	AND	4 · Š		
PROBATION OFFICE	AUTHORI	ZATION TO TRAN	AND		. ,	
Decretor			ISPORT OIL AND NA	TURAL GAS	. * * *	
RAYMOND T. DUNCAN						
Address						
P O Box 208, Farmingto	n NM	87/199				
Resents for filing (Check proper box)	711, 14141	0/433				
New Well	Change in	Transporter of:	Other (Please explain)			
Recompletion	Ø ou		Dry Gas Effective 12-22-86			
Change in Ownership	<b></b>	. <del></del>	Dry Gas ETTECTIVE 12-22-86 Condensate			
If change of ownership give name and eddress of previous owner						
II. DESCRIPTION OF WELL AND LE	ASE					
North Hochael		Pool Name, Including				
North Hogback 6	4	Slickrock Da	kota	State, Federal or Fee 1	4-20-0603-10008	
				<u> </u>	. 20 0003 10000	
Unit Letter M : 990	Feet From	The South L	ne and660	Feet From The	West	
6	29N		16W	San Juan		
Line of Section Township		Range	, NMP	M,	County	
III. DESIGNATION OF TRANSPORT	ED OF OT	T 4300 344000 4				
Name of Authorized Transporter of OII	or Conc	LAND NATURA	L GAS	to which approved copy of		
Petro Source Corp.			185 South State	e St. #900 Salt I:	ake City, UT 84111	
Name of Authorized Transporter of Casinghed	id Cas	or Dry Cas	Address (Cive address	to which approved copy of i	the City, 01 04111	
				,,,, ,,	me form is to be sent;	
If well produces oil or liquids, Unit give location of tanza.	, Sec.	29N 16W	No No	ted? When		
If this production is commingled with that	(rom any c	other learn or seal	-i			
			give commingling orde	r number:		
NOTE: Complete Parts IV and V on r	everse side	if necessary.	•			
VI. CERTIFICATE OF COMPLIANCE		•	01.0	CAICEDVATION DO		
				CONSERVATION DIVI	<b>Den</b> ce 2 0 1086	
hereby certify that the rules and regulations of the been complied with and that the information given	he Oil Conse	rvation Division have	APPROVED		19	
ny knowledge and belief.	. Is true and co	omplete to the best of		5 /		
		ı	BY	Dranfac	· San 2/	
2			TITLE	SUP	ervisor entrode of a	
K 1 0			This form is a	. h. /!!		
Bud Crane (Signature)			If this is a con-	be filed in compliance	with MULE 1104.	
Agent Signature)			I waste three south mide:	well in accordance with	ewly drilled or deepened bulation of the deviation RULE 111.	
(Tule)			All sections of able on new and re-	this form must be filled	out completely for allow-	
(Date)		<del></del>	Fill out only 5 well name or number	ections I, II, III, and V, or transporter, or other s	I for changes of owner, uch change of condition.	
			Separate Forms completed wells.	C-104 must be filed for	or each pool in multiply	