STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Signature)

(Title)

(Date)

Operator

10/4/85

90. 00 COPICO SEC	*	
DISTRIBUTI		
SANTA PE		
FILE		
V.8.G.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

OIL CONSERVATION DIVISION

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

FILE			P. O. 8	OX 2088				
V.8.G.8.	SANTA FE, NEW MEXICO 87501							
LAND OFFICE								
TRANSPORTER GIL				.				
OPERATOR GAS				OR ALLOWA				
PROBATION OFFICE	A I alles and			AND		AL GAS		
ī	AUTHO	PRIZATION	TO TRAN	SPORT OIL	AND NATUR	AL GAS JO DO JO U	6 []]	
Operator								
J.M. Richardson						OCT 03 1988	i keremb	
Address				- : - : -		001071000	<i>-</i>	
342 White Oaks	N. E. Albuqu	erque N.	Mex. 8	37122		OIL JON. D	HV.	
Reason(s) for filing (Check prope					Other (Please			
New Well	Change	in Transporter	r of:	1		Midi. C		
Recompletion				Dry Gas	Change in	operator		
Change in Ownership	7	singhead Gas	7	Condensate	ouguige 411	Operacor		
C) cialled in Carrier						· ····································		
If change of provide give na and address of previous owner	ine old Onema	ton U.C.	T-L-L- 1	0044	B			
and address of previous owner	Old Opera	COF W.C.	THIDE .	ocn stre	et rarmii	igton		
					•			
II. DESCRIPTION OF WELL	AND LEASE	. Pool Name,	Including	Formation		Kind of Lease		
Lease Name	1	1				- · · · · · · · · · · · · · · · · · · ·	Lease No	
Navajo 7	12	Hogbac	k- Dako	ta		State, Federal or Fee Navajo	1-89-INI	
Location							•	
Unit Letter / :_	165 Feet F	rom The S	L	ine and 2	2475	Feet From The W		
		-						
Line of Section 7	Township 3	29N	Range	16W	, NMPM,	San Juan	County	
	•					·····		
III. DESIGNATION OF TRA	ANSPORTER OF	OIL AND	NATURA	L GAS			•	
Name of Authorized Transporter		Condensate [Address (Give address to which approved copy of this form is to be sent)			
Permian Corp.				Box 1183 Houston Texas 7701				
Name of Authorized Transporter	of Castnahead Gas (or Dry	Ges	Address (G	ive address to	which approved copy of this f	orm is to be sent?	
William Of Manager and Lines have				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Rge.		aily connected	17 When		
If well produces oil or liquids,	Unit Se	c. Twp.	, reger	is das dett	any connected	, when	•	
give location of tanks.		i		_1	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
If this production is commingle	ed with that from	iny other less	se or pool	, give commi	ingling order	number:		
-								
NOTE: Complete Parts IV	and V on reverse	side if neces	ssary.					
	OVI A NICE		•		חוו כם	NSERVATION DIVISIO	M	
VI. CERTIFICATE OF COM	PLIANCE			11		100 100 E	Л У	
I hereby certify that the rules and re	gulations of the Oil	Conservation D	ivision bave	APPRO	VES U	01 0 3 Mas	10	
been complied with and that the info	rmation given is true	and complete to	the best of			1 ((,))		
my knowledge and belief.				BY	Tran	ke. Sue		
	//				gunen	WICOD DICTRICT TO		
//	1/11	/		TITLE.	SAL CH	VISOR DISTRICT # 1		
/ / 1	1/11/11	•		11				

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 silowable 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.