

JAN1 9 1990

OIL CON. DIV

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

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

**. ** ***** ******				
DISTRIBUTION			1	
SANTA FE				
FILE		1		
U.1.0.8.		_		
LAND OFFICE				
THANSPORTER	OIL			
	BAD			
GPERATOR				
PRORATION OFFICE				

(Date)

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

Form C-104 Revised 10 01-78 Format 08-01-83 Page 1

## REQUEST FOR ALLOWABLE

A A	AND .			
AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS			
l. Operator				
Tiffany Gas Co.				
Address				
P.O. Box 50, Farmington, NM 87499				
Resean(s) for filing (Check proper box) Other (Please explain)				
New Well Change in Transporter oil				
Recompletion OII D	Dry Gos Effective 1/1/90			
Change In Ownership Casinghead Gas C	ondenau(e			
	00154			
If change of ownership give name J. M. Richardson, P.O. B and address of previous owner	ox 22010, Albuquerque, NM 87154			
II. DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Including F	troution Kind of Lease Indian Lease No.			
o Hoghagk-Dako				
Navajo 18 8 NOGDACK-DAKO				
J 2475 South	re and 2475 Feet From The East			
Unit Letter;;;;				
Line of Section 18 Township 29N Range	16W , NMPM, San Juan County			
THE CALL OF STRANGED OF OUR AND MATTIRAL	. CAS			
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)				
P.O. Box 4289, Farmington, NM 874				
Meridian Oil Trading 4 6 , P.O. Box 4289, Farmington, NA 07499  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transport	·			
Unit , Sec. Twp. Rge.	is gas actually connected? , When			
il well produces oil or liquids, M 7 29N 16W				
If this production is commingled with that from any other lease or pool, give commingling order numbers				
·				
NOTE: Complete Parts IV and V on reverse side if necessary.				
	OIL CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANCE	IAN 1 9 1990			
APPROVED				
been complied with and that the information given is true and complete to the sole and belief				
my knowledge and belief.	ATTERVISOR DISTRICT			
	11166			
	This form is to be filed in compliance with AULE 1104.			
If this is a request for sllowable for a newly drilled or well, this form must be accompanied by a tabulation of the well, this form must be accompanied by a tabulation of the				
(Signature)	I among taken on the well in accordance with now			
Production Manager				
· ·	(Title)  able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of condition.  (Date)  (Date)			
1/11/90 (Pate)				

completed wells.