

JAN1 9 1990

OIL CON. DIV DIST. 3

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

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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BANTA FE		\vdash	_
FILE		1	_
U.8.0.8.		1	
LAND OFFICE		1-	
THANSPORTER	OIL		
	DAS		
OPERATOR			
PRORATION OFFICE			

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

Form C-104 Revised 10 01-78 Formal 06-01-63 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1 PROBATION OFFICE	ND		
I.	PORT OIL AND NATURAL GAS		
Operator			
Tiffany Gas Co.			
Address			
P.O. Box 50, Farmington, NM 87499			
Research for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	7.75		
	Dry Gos Effective 1/1/90		
Change in Ownership Casinghead Gas Ca	ondens at e		
If change of ownership give name J. M. Richardson, P.O. B	ox 22010. Albuquerque, NM 87154		
and address of previous owner 0. M. Richardson, 1.0. B	ON EZOTO, MIDAGACT ACT IN OVICE		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including F	I		
Navajo 18 10 Hogback-Dako	ta State, Federal or Fee I-89-IND-58		
Location	2475 East		
Unit Letter J : 1815 Feet From The South Lin	ne andFeet From TheEast		
18 Tamaha 29N Range	16W NMPM, San Juan County		
Line of Section 18 Township 29N Ronge	1011 , IMP'M,		
W. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS		
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)			
Meridian Oil Trading	P.O. Box 4289, Farmington, NM 87499		
Meridian Oil Trading Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
Garle of Manager			
Unit Sec. Twp. Rge.	is gas actually connected? When		
if 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.	II.		
W CONTRICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIANCE			
APPROVED			
omplied with and that the information given is true and complete to the best of owledge and belief. Original Signed by FRANK T. CHAVEZ BY Original Signed by FRANK T. CHAVEZ			
my knowledge and bests.	TITLE SUPERVISOR DISTRICT .		
	This form is to be filed in compliance with AULE 1104. If this is a request for silowable for a newly drilled or despendent to the deviation of the deviation		
I the same of the Mail 11 appointment that the same of the Mail 11 appointment that the same of the sa			
(Title)	All sections of this form must be filled out completely for silow- able on new and recompleted wells.		
1/11/90	i		
(Date)	Fill out only Sections t, B, 111, and such change of condition. well name or number, or transporter, or other such change of condition.		