

4 NMOCD 1 File 1 Duncan

1- Inland

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

OCT 09 1986

OIL CON. DIV.]

DIST. 3

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Raymond T. Duncan

Address  
P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	Effective October 1, 1986	
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate		

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name North Hogback 12	Well No. 7	Pool Name, including Formation Slickrock Dakota	Kind of Lease Navajo	Lease No. 10010
State, Federal or Fee 14-20-0603				
Location Unit Letter <u>A</u> : <u>720</u> Feet From The <u>North</u> Line and <u>730</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>29N</u> Range <u>17W</u> , NMPM, <u>San Juan</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, or location of tanks. Unit <u>H</u> Sec. <u>12</u> Twp. <u>29N</u> Rge. <u>17W</u>	Is gas actually connected? <u>No</u> When

If production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Bud Crane  
Bud Crane (Signature)  
Agent (Title)  
10-7-86 (Date)

OIL CONSERVATION DIVISION

APPROVED OCT 09 1986  
BY Frank J. [Signature]  
TITLE SUPERVISOR DISTRICT 3

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 allowable 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.