

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 30 1986

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRORATION OFFICE	

Operator RAYMOND T. DUNCAN	
Address P O Box 208, Farmington, NM 87499	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Other (Please explain) Effective 12-22-86	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Hogback 12	Well No. 9	Pool Name, including Formation Slickrock Dakota	Kind of Lease Navajo	Lease No. 14-20-0603-10010
Location				
Unit Letter H	2140	Feet From The North	165	Feet From The East
Line of Section 12	Township 29N	Range 17W	NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Petro Source Corp.	Address (Give address to which approved copy of this form is to be sent) 185 South State St. #900, Salt Lake City, UT 84111					
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)					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 12	Twp. 29N	Rge. 17W	Is gas actually connected? No	When

If this 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.

VI. 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)
 12-29-86
 (Date)

OIL CONSERVATION DIVISION

APPROVED _____
 BY _____
 TITLE _____ SUPERVISOR DISTRICT _____

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.