## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE		1-	<del>                                     </del>
FILE			
U.S.G.S.		1	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR .			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

LAND OFFICE				l de	
TRANSPORTER OIL		•	TU)		
GAS	REQU	EST FOR ALLOWABLE	int		S. Walter
OPERATOR .		AND			
PRORATION OFFICE	AUTHODIZATION TO				
	AUTHORIZATION TO	TRANSPORT OIL AND NAT	URAL GAS	JAN 08 1987	
Operator I	7.			1361	
Kenda	1/5-455	aciates In	O	CON DIV	
719 W.A-12	cho St.	Farminato	W. N.M.	87401	
Reason(s) for filing (Check proper box)		Othe (Plea	se Explain)		
New Well	Change in Transporter of				
Recompletion	X ou	Dry Gas			
=	<del>                                      </del>	<u>}==</u>			
Change in Ownership	Casinghead Gas	Condensate			
change of ownership give name and address of previous owner					
. DESCRIPTION OF WELL AND	LEASE				
.ease Name	Well No. Pool Name, Inc	luding Formation	Kind of Lease	1 1 05	se No.
tare	4 Bloomfie	d/Farninglo	State, Federal or Fee	Fau	1101
ocalion	•	7		<u> </u>	
Unit Letter G : 2020	Feel From The	Line and	Feet From The		
Line of Section Towns	hin 39 N Re	inge JJ W , NMP	u. <u>Sa</u> 4	Teah .	County
I. DESIGNATION OF TRANSPO	STER OF OIL AND NA		······································		
May 105 Covp		PO Box 132	D. Farming	1 N. 61 079	499
ame of Authorized Transporter of Casing	head Gas or Dry Gas	Address (Give addres)	to which approved copy		12)
well produces oil or liquids, live location of tanks.		Rge. Is gas actually connec	ted? When		

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

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

## VI. CERTIFICATE OF COMPLIANCE

give location of tanks.

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

All redall Kladall + Assoc
(Signature)
- Morator
) /8/8/Tille)
(Date)

OIL	CUNS	<b>EHVA</b>	HON	DIVIS	ION

APPROVED	JAN_08/987		
BY	Frank J. Jave		
	SUPERVISOR DISTRICT SELE		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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.