STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

| #6. \$P CPPICE BEC | *10 * |] | |
|--------------------|-------|----|----|
| DISTRIBUTION | | 1 | T |
| SANTA FE | | 1- | 1- |
| FILE | | | 1- |
| U.B.G.8. | | 1 | _ |
| LAND OFFICE | | 1 | |
| TRANSPORTER | OIL, | | |
| | DAS | | |
| OPERATOR . | | | |
| PRORATION OFFICE | | | |

OIL CONSERVATION DIVISION DECE P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



| OPERATOR PROMATION OFFICE | | OR ALLOWABLE AND SPORT OIL AND NATURAL G | OIL CON, DIV | |
|--|----------------------------------|--|--|------|
| Operator Kenda | 11 + Assix 12 | Her The | | |
| 719 W.A. | cho St. Fa | MAINO-TOLL | NM 87411 | |
| Reason(s) for filing (Check proper dix) | | Other if lease explain | 111111111111111111111111111111111111111 | |
| New Well | Change in Transporter of: | | | |
| Change in Ownership | | ory Gas Condensate | | |
| Change in Ownership | Casinduede Cas C.C. | ondensate | | |
| If change of ownership give name and address of previous owner | | | | |
| II. DESCRIPTION OF WELL AND I | EASE | | | |
| Lease Name A Ye Location | Well No. Fool Name, Including F | | Lease Lease | No. |
| | Feet From TheLir | ne and <u>2140</u> Feet | From The | |
| Line of Section 2 Townsh | In 29 N Range | M, NMPM, | Say Fredy con | inty |
| III. DESIGNATION OF TRANSPOR | TER OF OIL AND NATURAL | LGAS | • | |
| Name of Authorized Transporter of Oil (| of Condensate | | approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casingh | ead Gas or Dry Gas | Address (Give address to which | approved copy of this form is to be sent) | |
| If well produces oil or liquids, que location of tanks. | 5ec. Twp. Rge. | is gas actually connected? | When | |
| If this production is commingled with th | at 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 | OIL CONSER | RVATION DIVISION | |
| I hereby certify that the rules and regulations o been complied with and that the information giv my knowledge and belief. | | APPROVED By Srange. | DEC, 28 19 | 187 |
| 0.14 | | TITLE | O SALDSBALBOR DISTRICT | |
| XILO LIVI | | 1 | in compliance with AULE 1104. | |
| Pra Korala // ASC | 1C. INC | well, this form must be accordent taken on the well in a | | tion |
| 10 10 1107 | / | All sections of this formable on new and recomplete | n must be filled out completely for al d wells. | low- |

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.