

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tiffany Gas Co.

Address P.O. Box 50, Farmington, N.M. 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

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

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DIST. 9

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>USG Section 18</u>	Well No. <u>43</u>	Pool Name, including Formation <u>Hogback Penn.</u>	Kind of Lease <u>State, Federal or Fee Indian</u>	Lease No. <u>I-89-IND-58</u>
Location				
Unit Letter <u>F</u> : <u>1500</u> Feet From The <u>North</u> Line and <u>1760</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>29 N</u> Range <u>16 W</u> , NMPM, <u>San Juan</u> 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"/> <u>Meridian Oil Transporting Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4289, Farmington, N.M. 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>to be vented</u>	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 Sec. Twp. Rge.
<u>F</u> <u>18</u> <u>29N</u> <u>16W</u>	
Is gas actually connected? _____ 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.

Sean C. Burr (Signature)
Production Manager
(Title)
9/27/89 (Date)

OIL CONSERVATION DIVISION

SEP 23 1989

APPROVED _____, 19 _____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # _____
TITLE _____

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.