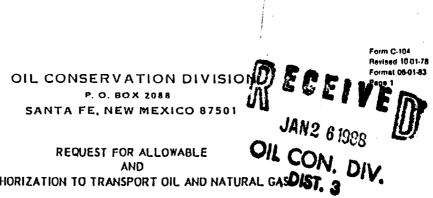
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	Γ		
DISTRIBUTION			
SANTA PE			
FILE			
U.1.G.A.			
LAND OFFICE			-
TRANSPORTER	OIL		
	BAB		
GPERATOR.			
PROBATION OFFICE			



I.	AUTHU	RIZATION I	U IKAN	SPORT OF	L AND NATU	RAL GASOIST. 3	
Operator		"					
Joel B. Burr, Jr.							
Address							
P.O. Box 50, Farmin	ngton, N	м 87499					
Research for liling (Check proper box)					Other (Please	e explain)	
New Well	Change I	n Transporter				•	
Recompletion			<u> </u>	λγ Gas			
Change in Ownership	Cas	Inghead Gas	۰ 🗀	onden sale	<u> </u>		
If change of ownership give name and address of previous owner							
,							•
II. DESCRIPTION OF WELL AND	LEASE	LEASE Well No. Pool Name, Including Formation Kind of Lease Lease			Lease No.		
Lease Name	ľ	ľ			7 3	State, Federal or Fee Fee	
Foothills "B"	1	Undes	ignate	d Fruit	ıand	ree	/
Location	_	_			1650	Fact	
Unit Letter J : 139	OFeet Fr	om The Sou	th_L	ne and	1620	Feet From TheBase	
Line of Section 20 Town	ship 30	N	Range	12W	, имри	, San Juan	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)					to be sent)		
Name of Authorized Transporter of Oil or Condensate							
			677	1.44.000	(Give address	to which approved copy of this form is	to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔯				P.O. Box 990, Farmington, NM 87499			
El Paso Natural		<u>r=</u>		P.O.	BOX 990,	ed? .When	
If well produces oil or liquids,	Unii Sec	Twp.	Age.	18 638 0	thatth counter.	1	
give location of tanks.	<u></u>	<u> </u>		_1			
this production is commingled with that from any other lease or pool, give commingling order numbers							
NOTE: Complete Parts IV and V	on reverse	side if neces	ssary.			•	
•				11	מוו מ	ONSERVATION DIVISION	, , , ,
VI. CERTIFICATE OF COMPLIAN	CE				J.L U	10119	a 1988

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.

Man Amusel					
Winesa Dounell					
Agent					
(Title)					
1_20_98					

(Date)

BY SUPERVISOR DISTRICT S

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

If this is a request for silowable 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.

