

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY 15 1984
OIL CON. DIV.
DIST. 3

Operator Lobo production

Address PO Box 2364 Farmington, NM 87499

Reason(s) for filing (Check proper box)

☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

Temp. approval til 6-30-84
To add condensate transporter

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|----------------------|
| Lease Name Mesa Twin Mounds | Well No. 1 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. NM27024 |
| Location Unit Letter <u>D</u> : <u>790'</u> Feet From The <u>North</u> Line and <u>990'</u> Feet From The <u>West</u> Line of Section <u>30</u> Township <u>30N</u> Range <u>14W</u> , NMPM, San Juan County | | | | |

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refinery | Address (Give address to which approved copy of this form is to be sent) PO Box 256 Farmington NM 87499 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington NM 87499 |
| Well produces oil or liquids, or location of tanks. Unit <u>D</u> Sec. <u>30</u> Twp. <u>30N</u> Rge. <u>14W</u> | Is gas actually connected? <input type="checkbox"/> When |

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.

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.

R. E. Lauritsen
(Signature)
Operator
(Title)
5-10-84
(Date)

Temporary OIL CONSERVATION DIVISION
APPROVED MAY 15 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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.