STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
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

REQUEST FOR ALLOWABLE
AND

I.	TO TRANSPORT OIL AND NATURAL GAS		
Operator			
A.P.A. Development Corporation	001171863		
Address	CIL CON. DIV.		
P.O. Box 215, Cortez, Colorado 81321			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporte	Dry Gas		
XA Change in Ownership Casinghead Gas	Condensate		
If change of ownership give name and eddress of previous owner Baystar Petroleum Corporation, P.O. Box 7379, Albuquerque, NM 87194			
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name Well No. Pool Name	Including Formation Kind of Lease Nava O Lease No.		
1	Rocks Gallup State, Federal or Fee14-20-600-3540		
Location			
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East			
Line of Section 35 Township 32N	Range 17W , NMPM. San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND Name of Authorized Transporter of Oil To or Condensate Ciniza Pipe Line, Inc. Name of Authorized Transporter of Casinghead Gas or Dry If well produces oil or liquids, give location of tanks. C 34 32	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1887, Bloomfield, NM 87413 Gas Address (Give address to which approved copy of this form is to be sent) Rge. Is gas actually connected?		
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 is been complied with and that the information given is true and complete my knowledge and belief.			
TITLE SUPERVISION DISTRICT #3 This form is to be filed in compliance with RULE 11 If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes well name or number, or transporter, or other such change of Separate Forms C-104 must be filled for each pool completed wells.			