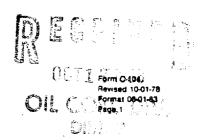
## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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



REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

P.O. Box 215, Cortez, Colorado 81321    Resison(s) for filing (Check proper box)	Change in Transporter of:  Coll Dry Gas Castingheed Gas Condensors  Nation of Lease Navajo State, Federal or Fee 14-20-600 3540  Castingheed Gas State, Federal or Fee 14-20-600 3540  Castingheed Gas State, Federal or Fee 14-20-600 3540  Caunty  County  County	A.P.A. Development Corporation				
Reson(s) for filing (Check proper box)  New Well  Recompletion  Coll  Recompletion  Considered Gas  Condensore  If change in Ownership  Costinghed Gas  Condensore  If change of ownership give name and address of previous owner  Baystar Petroleum Corporation, P.O. Box 7379, Albuquerque, NM 871  II. DESCRIPTION OF WEIL AND LEASE  Lease Name  Navajo 11P11  2 Many Rocks Gallup  State, Federal or Fee 14-20-600-3540  Location  Unit Letter  K 1810 Feet From The West Line and 1920 Feet From The South  Line of Section 35 Township 32N Range 17M NMPM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Township Gas or Condensate  Ciniza Pipe Line, Inc.  P.O. Box 1887, Bloomfield, NM 87413  If well produces oil or liquids, Unit Sec. Twp. Rige.  If well produces oil or liquids, Unit Sec. Twp. Rige.  If well produces oil or liquids, Unit Sec. Twp. Rige.  If well produces oil or commingled with that from any other lease or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.	Change in Transporter of:  Coll Dry Gas Castingheed Gas Condensors  Nation of Lease Navajo State, Federal or Fee 14-20-600 3540  Castingheed Gas State, Federal or Fee 14-20-600 3540  Castingheed Gas State, Federal or Fee 14-20-600 3540  Caunty  County  County					
Change in Transporter of:   Recompletion	Change in Transporter of:    Oii	Reason(s) for filing (Check proper box)	Other (Please explain)			
If change in Ownership    Casingheed Gas	Castingheed Gas Condensarie  Castingheed Condensarie  Castingheed Gas Condensarie  Castingheed Condensarie  Castingheed Gas Condensarie  Castingheed	New Weti Change in Transporter of:				
If change of ownership give name and address of previous owner Baystar Petroleum Corporation, P.O. Box 7379, Albuquerque, NM 871  II. DESCRIPTION OF WELL AND LEASE  Lease Name Weil No. Pool Name, including Formation Kind of Lease Navajo Lease Navajo IIPII 2 Many Rocks Gallup State, Federal or Fee 14-20-600 3540  Location Unit Letter K 1810 Feet From The West Line and 1920 Feet From The South  Line of Section 35 Township 32N Range 17W NMPM San Juan Cline of Section 35 Township 32N Range 17W NMPM San Juan Cline of Address Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sen Ciniza Pipe Line, Inc. P.O. Box 1887, Bloomfield, NM 87413  Name of Authorized Transporter of Casingneed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen If well produces oil or liquids, and I liquids are commingled with that from any other lease or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.	DEAVSTAR Petroleum Corporation, P.O. Box 7379, Albuquerque, NM 87194  DEASE  Well No. Pool Name, Including Formation 2 Many Rocks Gallup  OFeet From The West Line and 1920 Feet From The South  ORTER OF OIL AND NATURAL GAS OF Condensate P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent) P.O. Box 1887, Bloomfield, NM 87413  Inquested Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Unit Sec. Twp. Rgs. Is gas actually connected?  ORTER OF OIL CONSERVATION DIVISION  At that from any other lease or pool, give commungling order number:  On reverse side if necessary.  INCE OIL CONSERVATION DIVISION  APPROVED OIL TIMES  This form is to be filed in compliance with MULE 1104.  If this form must be accomplised by a nawly drilled or deepened wells, this form must be filled out completely for allowable for a nawly drilled or deepened wells.	Recompletion OII D	ry Gas			
II. DESCRIPTION OF WELL AND LEASE  Lease Name    Well No.   Pool Name, including Formation   Kind of Lease Navajo   Lease Navajo   Lease Name   Well No.   Pool Name, including Formation   Kind of Lease Navajo   Lease	D LEASE    West   No.   Pool Name, Including Formation   State, Federal or Fee 14-20-600-3540		1			
Navajo 11P11  Location  Unit Letter K 1810 Feet From The West Line and 1920 Feet From The South  Line of Section 35 Township 32N Range 17W .NMPM. San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil To or Condensate Address (Give address to which approved copy of this form is to be sen Ciniza Pipe Line, Inc.  Name of Authorized Transporter of Casingneed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen If well produces oil or liquids, quive location of tanks.  If this production is commingled with that from any other lesse or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.	Many Rocks Gallup  Description The West Line and 1920 Feet From The South  Range 17W NMPM, San Juan County  ORTER OF OIL AND NATURAL GAS  Or Condensate P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  Unit Sec. Twp. Rage. Is a gas actually connected? When.  In that from any other lease or pool, give commingling order number:  On reverse side if necessary.  NCE  OIL CONSERVATION DIVISION  APPROVED  TITLE  SUPERVISION DISTRICT # 3  This form is to be filled out complete or the deviation test taken on the well in accordance with RULE 1104.  If this is a request for allowable for a newly drilled or despensed well.  All sections of this form must be filled out completely for sliowable on new and recompleted wells.	If change of ownership give name and address of previous owner <u>Baystar Petroleum Corpo</u>	ration, P.O. Box 7379, Albuquerque, NM 87194			
Navajo 11P11  2 Many Rocks Gallup  State, Federal or Fee 14-20-600-3540  Unit Letter K 1810 Feet From The West Line and 1920 Feet From The South  Line of Section 35 Township 32N Range 17W NMPM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sen  Ciniza Pipe Line, Inc. P.O. Box 1887, Bloomfield, NM 87413  Name of Authorized Transporter of Casingneed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen  If well produces oil or liquids, quell sec. Twp. Rgs. Is gas actually connected? When approved copy of this form is to be sen  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.	Many Rocks Gallup  State, Federal or Fee 14-20-600-3540  Description The West Line and 1920 Feet From The South  South  South  South  Page 17W NMPM. San Juan County  ORTER OF OIL AND NATURAL GAS  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  Unit Sec. Twp. Rge. Is gas actually connected? When  In that from any other lease or pool, give commingling order number:  On reverse side if necessary.  OIL CONSERVATION DIVISION  APPROVED  TITLE SUPERVISION 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 despensed 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.					
Unit Letter K 1810 Feet From The West Line and 1920 Feet From The South  Line of Section 35 Township 32N Range 17W . NMPM. San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Toron or Condensate Address (Give address to which approved copy of this form is to be sen P.O. Box 1887, Bloomfield, NM 87413  Name of Authorized Transporter of Casingneed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen Address (Give address to which approved copy of this form is to be sen if well produces off or liquids, quive location of tanks.  If this production is commingled with that from any other lesse or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.	Range 17W	Lease Name   Weil No.   Pool Name, Including F	ormation Kind of Lease Navajo Lease No.			
Unit Letter K 1810 Feet From The West Line and 1920 Feet From The South  Line of Section 35 Township 32N Range 17W NMPM, San Juan  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil To ar Condensate Address (Give address to which approved copy of this form is to be sen  Ciniza Pipe Line, Inc. P.O. Box 1887, Bloomfield, NM 87413  Name of Authorized Transporter of Casingneed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen  If well produces oil or liquids, Quality Sec. Twp. Rgs. Is gas actually connected? When give location of tanks.  If this production is commingled with that from any other lesse or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.	ORTER OF OIL AND NATURAL GAS  Or Condensate  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  On reverse or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  Unit Sec. Twp. Rge. Is que address to which approved copy of this form is to be sent)  On reverse side if necessary.  OIL CONSERVATION DIVISION  OCT 1 1988  APPROVED  TITLE  SUPERVISION DISTRACT # 3  This form is to be filled in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended wells, 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 court be filled out completely for allowable on new and recompleted wells.	Navajo "P" 2 Many Rocks Ga	11up State, Federal or Fee 14-20-600-3540			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sen P.O. Box 1887, Bloomfield, NM 87413  Name of Authorized Transporter of Casingnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen of the produces of ar liquids.  If well produces of ar liquids.  If this production is commingled with that from any other lesse or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.	ORTER OF OIL AND NATURAL GAS  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When    In that from any other lesse or pool, give commingling order number:  On reverse side if necessary.  OIL CONSERVATION DIVISION  APPROVED  BY  TITLE SUPERVISION 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.	Location				
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Name of Authorized Transporter of Oil or Condensate P.O. Box 1887, Bloomfield, NM 87413  Name of Authorized Transporter of Casingnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen of Authorized Transporter of Casingnead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen of the production of transporter of Casingnead Gas or Dry Gas 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.	Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1887, Bloomfield, NM 87413  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When    In that from any other lease or pool, give commingling order number:  On reverse side if necessary.  ICE   OIL CONSERVATION DIVISION    APPROVED   SUPERVISION DISTRICT # 3  This form is to be filled 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 accompletely for allowable on new and recompleted wells.	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen  If well produces oil or liquids.  Unit Sec. Twp. Rgs. Is gas actually connected?  When  Address (Give address to which approved copy of this form is to be sen  If this production of tanks.  If this production is commingled with that from any other lesse or pool, give commingling order number:  NOTE: Complete Parts IV and V on reverse side if necessary.	Address (Give address to which approved copy of this form is to be sent)  Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When   In that from any other lease or pool, give commingling order number:  On reverse side if necessary.  NCE   OIL CONSERVATION DIVISION   OCT 1/1988   APPROVED   BY   SUPERVISION 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.	Name of Authorized Transporter of Oll 📉 💮 or Condensate 🗔	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, que les controls of tents.  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.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When   In that from any other lease or pool, give commingling order number:  On reverse side if necessary.  OIL CONSERVATION DIVISION  OCT 1 1988  APPROVED  BY  SUPERVISION 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.	Ciniza Pipe Line, Inc.	P.O. Box 1887, Bloomfield, NM 87413			
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.	TITLE SUPERVISION DISTRICT # 3  This form is to be filed in compliance with RULE 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.	Name of Authorized Transporter of Castingnead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
NOTE: Complete Parts IV and V on reverse side if necessary.	OIL CONSERVATION DIVISION  OCT 1 1988  APPROVED  Title Supervision Division have  Supervision Division have  Supervision Division have  Title Supervision 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.	it well produces out of liquids.	is gas actually connected? When			
O Company of the Comp	TITLE SUPERVISION 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.	If this production is commingled with that from any other lease or pool,	give commingling order number:			
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION OCT 1 / 1988	TITLE SUPERVISION 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.	NOTE: Complete Parts IV and V on reverse side if necessary.				
	TITLE SUPERVISION 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.	_ <del>_</del>	OIL CONSERVATION DIVISION OCT 17 1988			
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.  APPROVED  BY	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.	been complied with and that the information given is true and complete to the best of	BY Bill Class			
	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.	1	TITLE SUPERVISION DISTRICT # 3			
This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a party drilled or de	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.	1/4 ( 7 1 / ( ) )	This form is to be filed in compliance with RULE 1104.			
(Signature) well, this form must be accompanied by a tabulation of the de	able on new and recompleted wells.	(Signature)	well, this form must be accompanied by a tabulation of the deviation			
(Title) All sections of this form must be filled out completely for	- /- 3 X	(Title)	All sections of this form must be filled out completely for allow-			
	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.	(Date)	Fill out only Sections I. II. III. and VI for changes of owner			
(Date)  Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of companies.	Separate Forms C-104 must be filed for each pool in multiply completed wells.		Separate Forms C-104 must be filed for each pool in multiply			