

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	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

R

OCT 17 1988

OIL CON. DIV.  
DIST. 2

I. Operator  
A.P.A. Development Corporation  
Address  
P.O. Box 215, Cortez, Colorado 81321  
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)

If change of ownership give name and address of previous owner Baystar Petroleum Corporation, P.O. Box 7379, Albuquerque, NM 87194

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Navajo "P"</u>	Well No. <u>14</u>	Pool Name, including Formation <u>Morrison Form</u>	Kind of Lease <u>Water Supply</u>	Lease No. <u>14-20-600-3540</u>
Location Unit Letter <u>D</u> : <u>640</u> Feet From The <u>West</u> Line and <u>650</u> Feet From The <u>North</u> Line of Section <u>35</u> Township <u>32N</u> Range <u>17W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. 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.

Patricia B. Woolley  
(Signature)

Operator  
(Title)

10-12-88  
(Date)

OIL CONSERVATION DIVISION

OCT 17 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Brian J. Shaw  
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.

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.