

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

RECEIVED
DEC 28 1987
perm C-104
Revised 10-01-78
Format 06-01-83
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Kendall & Associates Inc
Address 719 W Apache St., Farmington, N.M., 87401
Reason(s) for filing (Check proper box) Other (Please explain)
☐ New Well ☒ Change in Transporter of:
☐ Recompletion ☒ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hare</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Bloomfield/Farmington</u>	Kind of Lease State, Federal or Free <u>Free</u>	Lease No. _____
Location Unit Letter <u>G</u> : <u>2310'</u> Feet From The <u>N</u> Line and <u>1650'</u> Feet From The <u>E</u> Line of Section <u>23</u> Township <u>29N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>CONOCO INC</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO BOX 1429 Bloomfield N.M., 87413</u>	
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 <u>G</u>	Sec. <u>23</u>
	Twp. <u>29N</u>	Rge. <u>11W</u>
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.

D. Kendall (Signature)
Pres. Kendall & Assoc Inc
12/24/87 (Date)

OIL CONSERVATION DIVISION

DEC 28 1987
APPROVED _____
BY [Signature]
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.