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State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	
1000 Rio Brazos Rd., Aztec, NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE	Operator						Well	API No.			
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Section 25 Township 25S Range 36E NMFM, Lea County					_			·		Ì	
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P.O. BOX 2528 Holbbs New Mexico 88240		SPORTE			RAL GAS						
Name of Authorized Trauspoter of Casinghead Gas Xi or Dry Clas Address (Give address to which approach copy of this form is to be setal)	•		or Condens	ue	1					i i	
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VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief. Brenda Coffman Agent Printed Name 12-92 915-684-7441 OIL CONSERVATION DIVISION Date Approved By SERVED BY JERRY SEXTON STRICT I SUPERVISOR Title Title Title						765		O also Since			
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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved By SERVATION DIVISION By SERVATION DIVISION By SERVATION DIVISION The Date Approved By SERVATION DIVISION Title Printed Name 12-92 915-684-7441 Title Title		L				·····					
Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved By USENEY SEXTON Signature Brenda Coffman Agent Title 2-12-92 915-684-7441 Title Title	VI. OPERATOR CERTIFIC	ATE OF	COMPI	LIANCE			ICEDIA	ATIOND	11/101/	7 N I	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved By USBALED BY JERRY SEXTON Signature Brenda Coffman Agent Title 2-12-92 915-684-7441 Title Title	11					OIL CONSERVATION DIVISION					
Brenda Coffman (75) Signature Brenda Coffman Agent Printed Name 12-92 915-684-7441 Title Title Title	Division have been complied with and that the information given above						SEES, LOOP, LOO				
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Signature Brenda Coffman Agent Title 2-12-92 915-684-7441 Title Title		^	/-	~		,,,pp.010	<u> </u>				
Signature Brenda Coffman Agent Title 2-12-92 915-684-7441 Title Title	Brenda Loskman (13)				D.,	D. OF SECRETARY OF TERMS					
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2-12-92 915-684-7441	Brenda Corrman/V Agent										
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Date 1-stehroot 1-o.											
	Date				!!						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.