FILE U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE	
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FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE	· ·
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U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE	1-1-05
LAND OFFICE	/ F
TRANSPORTER 100	59
OPERATOR / ARTERIA, DEFICE	
1. PRORATION OFFICE	
Operator	t
Address	
Address Section 1 Control of Cont	
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 I from Skelly	
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Formation Kill of Lease	Lease No.
State, Federal or Fee 1999	<u> </u>
Location	
Unit Letter E; 1980 Feet From The North Line and 660 Feet From The West	
Line of Section 23 Township Range , NMPM,	County
Line of decitor.	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate Address (Othe dudress to which approved copy of this joint	rm is to be sent)
The second the term of the Company to the second the second terms of the second terms	
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this for	rm is to be sent)
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If well produces oil or liquids, give location of tanks.	XXX
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OII WELL Gds Well Well Works -	me Restv. Diff. Restv.
Designate Type of Completion - (X)	ŧ
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Total Death P.B.T.D.	
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Separate Forms C-104 must be filed for each pool in multiply completed wells.