

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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Page 1

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

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
AUG 08 1984  
CON. DIV.  
DIST. 3

I. Operator ROBERT A & MARJORIE M. WILKINSON

Address 17319 RAYEN ST, NORTHRIDGE CA. 91325

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner LOUIS M. WYMON, P.O. Box 278, CRAIG Co. 81626

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jaco</u>	Well No. <u>58</u>	Pool Name, Including Formation <u>Blackcyc MV</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>K-2462</u>
Location				
Unit Letter <u>D</u>	<u>726</u> Feet From The <u>North</u> Line and <u>863</u> Feet From The <u>West</u>			
Line of Section <u>32</u>	Township <u>20N</u>	Range <u>9W</u>	, NMPM, <u>McKinley</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Plateau Inc</u>	<u>P.O. Box 489 Bloomfield NM 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	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.

Robert A. Wilkinson  
Marjorie M. Wilkinson  
(Signature)

(Title)

Aug 7, 1984  
(Date)

8984 OIL CONSERVATION DIVISION  
AUG 9 1984  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Frank J. [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.