

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)

If change of ownership give name and address of previous owner Louis M. Wyman, 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"/> <u>Plateau Inc</u>	Address (Give address to which approved copy of this form is to be sent) <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.	Rgs.	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)

89-84 OIL CONSERVATION DIVISION
AUG 9 1984
APPROVED Frank J. [Signature], 19_____
BY _____
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.