LUTHER MENEELY

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE		Π	Г
FILE			
U.S.G.J.			
LAND OFFICE			
TRANSPORTER	OIL		
	BAD		
OPERATOR			
PROBATION OFFICE			

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OIL CONSERVATION DIVISION
P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

OIL CON. DIV.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL

I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator			
GUININ MERCHEY			
Address			
Recson(s) for filing (Check proper box) Other (Please explain)			
	Other (Please explain)		
New Well Change in Transporter of:	Dry Gas		
	Condensate		
Change in Ownership Casinghead Gas	Condensate		
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE A CANALLE COLLEGE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.			
Lease Name Well No. Pool Name, Includ			
CHC. Character 1 with Car	State, Federal or Fee BL		
Location			
Unit Letter T: 1850 Feet From The SOUTH Line and 796 Feet From The F. 457			
$J \cup I_{\mathcal{H}} \cup I_{$			
Line of Section 3 Township) 1 Range	Star NMPM, SAA JAMAN County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be s			
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	. Is gas actually connected? When		
If well produces oil or liquids, Unit Sec. Twp. Rge			
give location of tanks.			
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 OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED			
been complied with and that the information given is true and complete to the best of			
my knowledge and belief.			
	SUPERVISOR DISTRICT		
	TITLE		
	This form is to be filed in compliance with RULE 1104.		
(Signature)	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		
(Asignature)	tests taken on the well in accordance with RULE 111.		
(Title)	All sections of this form must be filled out completely for allow-		
Limit	able on new and recompleted wells.		
(Date)	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			
	completed wells.		