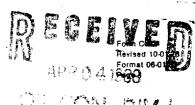
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA PE			
FILE			
U.S.O.S.		1	
LAND OFFICE			
TRANSFORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



TE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.			
Operator Co. Co.			
Tiffany Gas Co.			
P.O. Box 50, Farmington, NM 87499			
Reason(s) for filing (Check proper bax) Other (Please explain)			
New Well Change in Transporter of:	·		
Recompletion OII Dr	y Gas		
Change in Ownership X Castinghead Gas Co	ndensate		
If change of ownership give name			
and address of previous owner	Denver, CO 80202		
WELL AND LEAST	Denver, CO 80202		
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Fo	rmation Kind of Lease No.		
Lybrook	State, Federal or Fee Federal SF078924		
Connie 29 3 Estate Gallu			
v 1950 south	and 1850 Feet From The West		
Line of Section 29 Township 24 North Hange 7 West , NMPM, Rio Arriba County			
	CAS		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)		
Value of Valuetters 11 and 12	P.O. Box 1429, Bloomfield, NM 87413		
Conoco Inc. Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
P. O. Box 50, Farmington, N.M. 87499			
Tiffany Gas Co. Unit , Sec. Twp. Rge.	ls gas actually connected? When		
if well produces oil or liquids, give location of tanks. K 29 24N 7W	Yes 11/81		
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.	u (igh.		
VI. CERTIFICATE OF COMPLIANCE			
	WIAU.		
I hereby cettify 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.	BY		
	SUPERVISOR DISTRICT TO		
	11166		
This form is to be filed in compliance with RULE 1104			
If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the			
Production Clerk	tests taken on the well in accordance with RULE 111.		
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
4/1/88	Fill out only Sections I. II. III, and VI for changes of owner,		
(Dete)	well name or number, or transporter, or other such change of condition.		
1	consists. Forms Colf4 must be filed for each pool in multiply		