STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Title)

(Date)

December 15, 1987

DISTALBUTION			
SANTAFE			
FILE			
V.8,0,0,			
LAND OFFICE			
TRANSPORTER	014		
	BAB	_	
OPERATOR			
PROSATION OFFICE			

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

U.S.O.S.	,			- * : : : : : : : : : : : : : : : : : :	
LAND OFFICE	•			1.	- E /M
THAMSPORTER GAS	REO	UEST FOR	R ALLOWABLE	DEC 09 15	~ 400
OPERATOR	,		VD		7
PROPATION OFFICE	AUTHORIZATION TO	O TRANSF	PORT OIL AND NATU	RAL GAS	n de la companya de Notae de la companya
l.					
Operator	aughion Company	1		3	• • • · · · · · · · · · · · · · · · · ·
Southern Union Expl	oration Company				
Address C. D. C. D	374 07400	`		•	• •
P. O. Box 2179 Farmi	ngton, NM 87499		Other (Please	e explain)	
Reson(s) for liling (Check proper box)	Change in Transporter	, als		• • • •	
Mam Mall	(<u> </u>		y Gas		
Necompletion	OII Casinghead Gas	-	ondensote		
Change in Ownership	Castuduage Con	<u>65.7</u> °.			
If change of ownership give name			•		•
and address of previous owner					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				·	
II. DESCRIPTION OF WELL AND	LEASI! Well No. Pool Name,	lastuding F	ormation	Kind of Lease	Lease No
Lease Name	Mell Mo. beat laquie!			State, Federal or Fee Fede	ral SF078431
Nickson	14 Basi	n Dakot	a	1 200	141 4 070 131
Location			1070	T.T	•
Unit Letter D 1010	Feet From The N	Lin	• and1070	Feel From The W	
		: "	0	Con Tuen	Count
Line of Section 2.3 Towns	htp 26	Range .	8 , имри	, San Juan	
				•	
III. DESIGNATION OF TRANSPO	RTER OF OIL AND I	<u> MATURAI</u>	, GAS	to which approved copy of this	form is to be sent)
Name of Authorized Transporter of Oil	or Condensate X)	Vadiage Inter page		
Gary Energy Corporati	on		P. O. Box 159	Bloomfield, NM &	(nem is to be sent)
Hame of Authorized Transporter of Casin	ghead Gas Or Dry C	as 🔀 🗼		6 B	
El Paso Natural Gas (Farmington, NM 8	7499
	Unit Sec. Twp.	Rge.	is gas actually connect	led? When	
If well produces oil or liquids, give location of tunks.		•			
			aive commingling orde	t number:	•
If this production is commingled with	that from any other teas	e or poor,	give commings and		
NOTE: Complete Parts IV and V	on reverse side if neces	sary.			
TOTAL Compress that			ال ال	QNAEFIYOR DIVIS	ION
VI. CERTIFICATE OF COMPLIANO	CE		יוניים ו	EC. 6. 120 Jour Division	
		ivision have	APPROVED		, 19
I hereby certify that the rules and regulations been complied with and that the information	given is true and complete to	the best of	3.1	> Gerang	٠.٠
my knowledge and belief.	•		BY		
•				SION DISTRICT # 5	•
Martin D. Boggs			TITLE		*
\sim \sim \sim \sim \sim \sim \sim	•		This form is t	o be filed in compliance w	Ith RULE 1104.
Min. IV Don			ii të shin in a car	west for allowable for a ne	wly drilled or deeper
(Signatu	<i>''•</i>		Il malt this form mus	it be accompanied by a tab well in accordance with A	niwijou of fua gaarer
Drilling & Production	1 Supt.		feats taxen on the	f this form must be filled or	at completely for all

		200	•	
APPR	0YF0		,	19
•	OYEO	Grang	* . *	
BY	,		}	
	SUPERVISI	ON DISTRICT # 5		
TITL E				

All sections of this form must be filled out completely for allo able on new and secompleted wells.

Fill out only Sections I. II. III, and VI for changes of own-well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filled for each pool in multiperompleted wells.