

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
S.E.R.H., Inc.

Address  
Box 312, Otis, Kansas 67565

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) Liquid from Giant Gas from Petroleum Energy, Inc.
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas		

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name NAVAJO 32	Well No. 2	Pool Name, including Formation Big Gap Pennsylvanian	Kind of Lease State, Federal or Free	Lease No. N00-C-14-20-4158
Location Unit Letter <u>B</u> : <u>1050</u> Feet From The <u>North</u> Line and <u>1610</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>27N</u> Range <u>19W</u> , NMPM. <u>San Juan</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"/> S.E.R.H., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 312, Otis, Kansas 67565
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> S.E.R.H., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 312, Otis, Kansas 67565
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.

Oil Conservation  
(Signature)  
Agent

November 17, 1986

(Title)

(Date)

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NOV 19 1986

OIL CONSERVATION DIVISION

APPROVED Frank J. Dwyer 11/15/86  
BY Supervisor District 12  
TITLE \_\_\_\_\_

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.

OIL CONSERVATION DIVISION