STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA FE			
FILE			
V.8.0.8,			_
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 8750

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G

PROBATION OFFICE AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GAS			
I. Operator				
'S.E.R.H., Inc.				
Address				
c/o A. R. Kendrick, Box 516, Aztec, New M	Mexico 87410 (505) 334-2555			
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	Constan whappe only			
Recompletion Oil	Operator change only			
Change in Ownership Casinghead Gas	Condensate			
If change of ownership give name Petroleum Energy, Inc.	., Box 2121, Durango, CO 80302			
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including	r Formation Kird of Lease NOO-C-14-20-4158 No.			
Navajo 32 2 Big Gap Penn	nsylvanian XXXXX Foderal oXXX			
Location				
Unit Letter B 1050 Feet From The North	Line and 1610 Feet From The East			
Line of Section 32 Township 27N Range	19W , NMPM, San Juan county			
Name of Authorized Transporter of Casinghead Gas or Dry Gas 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 sent) Unit				
If well produces oil or liquids, give location of tanks.				
NOTE: Complete Parts IV and V on reverse side if necessary.				
/I. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				
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.	SUPERVISOR DEPR CT #5 A			
an Sendalla	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			
Agent Y Agent	tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow-			
February 10, 1987	able on new and recompleted wells.			
(Date) FEB 1 1 1987	well name or number, or transporter, or other such change of condition.			
1 1 U ± 1 1007	Separate Forms C-104 must be filed for each pool in multiply completed wells.			

OIL CON. DIV