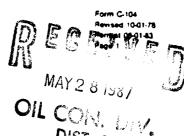
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

0167 816011			•		
		T		•	
116				•	
U.S.Q.4,		Ī		٠	
-					
THANKPORTER	014				
	9 44				
OPERATOR					
PROBATION OFFEE				I	

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



TRANSPORTER OIL SAS OPERATOR PROMATION OFFICE		OR ALLOWABLE AND SPORT OIL AND NATI	OIL CON DIST.	· UN.
Robert L. Bayless				
Address P.O. Box 168, Farmington	, NM 87499			
Reeson(s) for filing (Check proper box) New Well Recompletion Change in Ownership	> "	Other (Pleasory Gas—effective	first delivery 4/13	3/87
If change of ownership give name and address of previous owner. II. DESCRIPTION OF WEIL AND LEA Lease Name Jicarilla 452	ASE Well No. Pool Name, Including F 1Y Undesignated		Kind of Lease State, Federal or Fee Inc	lian Jic. Con:
Line of Section 1030 Line of Section 6 Township	South Foot From The 29N Range	935 3W , NMPN	F end From The Rio Arri	lba County
III. DESIGNATION OF TRANSPORTI	or Condensate	Andress (Give address	to which approved copy of this j	
Name of Authorized Transporter of Casinghea El Paso Natural Gas Co.	d Cas 🗍 er Dry Cas 🔯	1	Farmington, NM 874	
If well produces all or liquids. Unit give location of tanks.	Sec. Twp. Rge.	Is que octually connect		
I this production is commingled with that NOTE: Complete Parts IV and V on re		give commingling orde	r number:	
T. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the cent complied with and that the information given by knowledge and belief.	ne Oil Conservation Division have is true and complete to the best of	APPROVED	CONSERVATION DIVISION Stran	MAY 28 198
The Late	Es (If this is a requ	be filed in compliance with	y drilled or deepened
(Signature) Operator 5/21/87		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 change of owner.		
(Dere)	well name or number, or transporter or other such change of condition.			

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

Separate Forms C-104 must be filed for each peel in multiply completed wells.