(Date)

## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

<b>69.</b> € 10**** ***		1	
9 15 T 4 16 UT 10 H			
		Ĭ	
rice			
v.a.a.,			
TAADAPPETER	DIL		
***************************************	6 4 8		
OPERATOR .			
PROMATION OFFICE		;	

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

Revised 10-01-78 Format 06-01-83 JUN2 4 1987

Form C-104

DECLIEST FOR ALLOWARI F

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

<del></del>	ND	OIL CON. D!	V !
AUTHORIZATION TO TRANS		11 C1C	Wa!
AUTHORIZATION TO TRANS	ONT OIL AND INTOK	DIST. 3	
Operator			
JEROME P. McHUGH	·		
P O Box 809, Farmington, NM 87499			
Roosen(s) for filing (Check proper box)	Other (Please et	xplain)	
New Veil Change in Transporter of:	7/1/07		
Recessed to 1 to	Effective 7/1/87		
Change in Ownership Casinghead Gas C	ondensate		
If change of ownership give name and oddress of previous owner			
II. DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, including F	prmation	Ind of Lease	Loase Ma.
Roelofs 1 Basin Dakota	S	iote, Federal or Fee Federal	SF078415A
Legation		•	
	e and 1480	Feet From The West	
Line of Section 22 Township 29N Range	08W , NMPM,	San Juan	County
M. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cil or Condensate XX  Petro Source Corp.  Mane of Authorized Transporter of Casinghead Gas or Dry Gas XX  El Paso Natural Gas Co.  If well produces oil or liquids.  N. 22 29N 08W	Address (Give address to which approved copy of this form is to be sent) 85258 8777 E Via de Ventura, Suite 100, Scottsdale, AZ Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990 Farmington, NM 87499 Is gas actually connected?  When		
If this production is commingled with that from any other lease or pool,	give commingling order n	umberi	
NOTE: Complete Parts IV and V on reverse side if necessary.	11		
VL CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION JUN 24 1987		
1 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	BY		
my knowledge and belief.	SUPERVISION DISTRICT # 3		
James S. Hazen (Signatury)	This form is to b	e filed in compliance with s st for allowable for a newly se accompanied by a tabulati ill in accordance with SULE	tut E 1184. drilled or despens to on of the deviation
Field Supt (Title)	All sections of the	de form must be filled out co	explotely for allex-
6/22/87 🗸	5111 and and 9 and	ctions I. II. III. and VI for transporter, or other auch c	changes of ewner.
(Date)	H #414 (12)2 01 (12)2011	*	