

4 NMOCD 1 File 1 Duncan

1-Inland

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
Revised 10-01-78
Format 06-01-83

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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OIL CON. DIV.
DIST. 3REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.O.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

I.

Operator
Raymond T. DuncanAddress
P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

- ☐ New Well
☐ Recompletion
☐ Change in Ownership

Change in Transporter of:

- ☒ Oil ☐ Dry Gas
☐ Casinghead Gas ☐ Condensate

Other (Please explain)

Effective October 1, 1986

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Hogback 1	Well No. 22	Pool Name, including Formation Slickrock Dakota	Kind of Lease Navajo	Lease No. State, Federal or Fee 14-20-0603-9591
Location Unit Letter F : 2036 Feet From The North Line and 2280 Feet From The West				
Line of Section 1 Township 29N Range 17W, NMPM, San Juan 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"/> Inland Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit G Sec. 1 Twp. 29N Rge. 17W Is gas actually connected? No 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.

Bud Crane

Bud Crane (Signature)

Agent

(Title)

10-7-86

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

OCT 09 1986

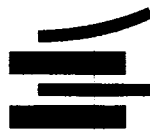
SUPERVISOR DISTRICT 3

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 allow-
able 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.



LTR



Job separation sheet

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ENERGY AND MINERALS DEPARTMENTForm C-104
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Page 1OIL CONSERVATION DIVISION
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SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

I. Operator
RAYMOND T. DUNCAN
Address
P O Box 208, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	Effective 12-22-86
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Hogback 1	Well No. 22	Pool Name, including Formation Slickrock Dakota	Kind of Lease Navajo	Lease No.
			State, Federal or Fee 14-20-0603	9591
Location				
Unit Letter F : 2036 Feet From The North Line and 2280 Feet From The West				
Line of Section 1 Township 29N Range 17W , NMPM , San Juan 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"/>	Address (Give address to which approved copy of this form is to be sent)
Petro Source Corp.	185 South State St. #900, Salt Lake City, UT 84111
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	G 1 29N 17W No

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.

Bud Crane
Agent
 (Signature)
 (Title)
 12-29-86
 (Date)

OIL CONSERVATION DIVISION

APPROVED _____

BY _____

TITLE _____

SUPERVISOR DISTRICT 30

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.