

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 08-01-83

RECEIVED

MAY 17 1984

OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Clifford C. Terry
Address Co K.R. Osborne 2100 Cochiti Farmington, N.M. 87401
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of: ☒ Oil ☐ Dry Gas
☐ Recompletion ☐ Casinghead Gas ☐ Condensate
☐ Change in Ownership Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ute Indian</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Verde Gallup</u>	Kind of Lease <u>Fed.</u> State, Federal or Fee <u>Ute Indian</u>	Lease No. <u>000081</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u> Line of Section <u>7</u> Township <u>31N</u> Range <u>14W</u> , NMPM, 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"/> <u>Liam Refinery</u>	Address (Give address to which approved copy of this form is to be sent) <u>Farmington N.M. 87401</u>					
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 <u>2</u>	Sec. <u>7</u>	Twp. <u>31N</u>	Rge. <u>14W</u>	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.

Betty Osborne
(Signature)
Clifford C. Terry
(Signature)
5-17-84
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 17 1984, 19_____
BY Frank J. [Signature]
SUPERVISOR DISTRICT # 3
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.