

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

P.O. Box 5540, Denver, Colorado 80217

Other (Please explain)

Change in Transporter of:

Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

DESCRIPTION OF WELL AND LEASE

Location _____
 Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West _____
 Line of Section 27 Township 31N Range 16W , NMPN, 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)

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'r.	Diff. Rest'r.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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DIST. 3

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensed/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Start-In)	Coating Pressure (Start-In)	Choke Size

OIL CONSERVATION COMMISSION

APR 1 1982

APPROVED _____, 19 _____

Original Signed by FRANK T. CHAVEZ

BY _____ 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 deviate tests taken on the well in accordance with RULE III.

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 Form C-104 must be filed for each pool in multiple.

March 24, 1982

(Title)

(Dcic)