Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III

Santa Fe, New Mexico 87504-2088

Change in Transporter of:   Change in Oil   Dry Gas	000 Rio Brazos Rd., Aziec, NM 87410						LE AND							
Color   Colo								Well API No.						
P. O. BOX 800). DENVER, COLORADO 80201  Excelling (Park proper box) Now Well    Chaps is Operator   Chaps in Transporter of			300452246000											
New World   Graph   Change in Principoter of Change in Open Casinghead Cas   Condennie		COLORAI	00 8020	1										
Compage to Opening give name   Configueed Case   Condensation   Contingeness Opening Contingeness Opening   Condensation   Contingeness Opening   Condensation   Condensa	Reason(s) for Filing (Check proper box)		O in	~		of:	Oth	et (Please ex	plain	)			1	
County of species give name and address give name of previous operators  IL DESCRIPTION OF WELL AND LEASE  Locations  Unit Letter		Oil				<b>"</b> :								
Continued price trained and anterior of price and advantar of privation of period and anterior of private price and advantar of private priv	Accompaction (=		_	-										
I. DESCRIPTION OF WELL AND LEASE   Wall No.	If change of operator give name													
Lase Name   BRANCE LS	•	AND LE	ASE											
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Unit Leaser	Location		1500							_				
International Companies   International Co		:	1300	. Feet !	From '	The	Lin	e and	113	Fo	et From The	FEL	Line	
Name of Authorized Transporter of OI	Section 26 Township	321	·	Rang	e	11W	,N	мрм,		SAN	JUAN		County	
Name of Authorized Transporter of OI	III. DESIGNATION OF TRANS	SPORTI	ER OF O	IL A	ND I	NATU:	RAL GAS							
EL PASO NATURAL GAS COMPANY  If well product of in fliquids, Unat Soc. Twp Rgs. If gas soutably connected? If White 7 TX 79978 we location of tentals.  If this production is commingiond with that from any other lease or pood, give comminging order number:  If this production is commingiond with that from any other lease or pood, give comminging order number:  IV. COMPLETION DATA  Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Reav Mif Reav Date Spedded  Date Completion in the Completion of the Complet	Name of Authorized Transporter of Oil		or Conde	isale		]	Address (Gi							
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Supervisor Supervisor Supervisor Supervisor Title  July 5, 1990 303-830-4280	L. D. Whley						II BV							
July 5, 1990 303-830-4280	Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #3							
				830	-421			<b>u</b>						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.