STATE C	IF NEW M	1EXICO
ENERGY AND MI	NERALS D	DEPARTMENT

DISTRIBUTION				
SANTA FE				
FILE		·		
v.s.a.s.				
LAND OFFICE				
TRANSPORTER	OIL			
	BAS			
OPERATOR				
PRORATION OFFICE				

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS P. O. Box 208, Farmington, NM 87499 Reside() for filing (Check proper box) New Yell Recompletion Change in Transporter off Change of conversible give name and address of previous owner I. DESCRIPTION OF WELL AND LEASE Loss None Federal Dist. 3 Red of Lease Red of Lease Red of Lease Control The seption of the	LAND OFFICE SANTA FE, NEW	V MEXICO 87501
One of Authorised Transporter of Condensers Quit Line of Section 30 Township 31N Range 13M NMBM San Juan County Distribute Distrib	TRANSPORTER OIL	
One of Authorised Transporter of Condensers Quit Line of Section 30 Township 31N Range 13M NMBM San Juan County Distribute Distrib	REGUES! FOR	R ALLOWABLE
One of Authorised Trouspointer Old Condensors Description Descriptio	I PROPATION OFFICE	PORT OIL AND NATURAL GAS
Bruce Anderson Address P. O. Box 208, Farmington, NM 87499 Respond Grilling (Check proper box) Change in Tronsporter of: Recompliation Change of transporter Change of transporter	I.	10 10 10 10 10 10 10 10 10 10 10 10 10 1
P. O. Box 208, Farmington, NM 87499 Respector Ordinary Change in Transporter of: Ory Gas Change in Transporter of: Ory Gas Change in Overership Ordinary Change in Transporter of: Ory Gas Change of transporter Change in Overership give name Ordinary Change of ownership give name Ordinary Or	1	MOAS
P. O. Box 208, Farmington, NM 87499 Respector Ordinary Change in Transporter of: Ory Gas Change in Transporter of: Ory Gas Change in Overership Ordinary Change in Transporter of: Ory Gas Change of transporter Change in Overership give name Ordinary Change of ownership give name Ordinary Or		- OIL CON
Change of wherehip give name and address of previous owners.		Ois Dist. 3
Change of ownership Oil Costinghed Gas Condensate Effective 12-1-84.	Reason(s) for liling (Check proper box)	Other (Please explain)
Change of ownership give name address of previous owner Costinghead Gas Condensate Effective 12-1-84.	New Well Change in Transporter of:	Change of thanchenton
If change of ownership give name and address of previous owner. I. DESCRIPTION OF WELL AND LEASE Lease Name Federal 2 Basin Dakota Stole, Federal or Fee Federal NM-053798 Location Unit Letter I : 1570 Feet From The South Line and 1000 Feet From The East Line of Section 30 Township 31N Ronge 13W NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS None of Authorised Transporter of Collinghead Gos or Dry Gos W Address (Give address to which approved copy of this form is to be sent) Giant Refining, Inc. None of Authorised Transporter of Cosinghead Gos or Dry Gos W Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. (No Change) If well produces oil or liquids, give location of tents. If this production is commingled with that from any other lease or pool, give commingling order numbers NOTE: Complete Parts IV and V on reverse side if necessary. A. CERTIFICATE OF COMPILANCE DIL CONSERVATION DIVISION APPROVED APPROVED TITLE SUPERVISOR DISTORT # 3 This form is to be filed in compilance with Aulle 1104. If this is a request for a newly drilled or despendently, this form must be accompanied by a skawlation of the devistion with, this form must be accompanied by a skawlation of the devistion with adults and that devistion of the devision of the devistion of the devisition of the devisition of th	Recompletion Oil Dr	
I. DESCRIPTION OF WELL AND LEASE Lease Nome Federal 2 Basin Dakota State, Federal or Fee Federal NM-053798 Location Unit Letter I : 1570 Feet From The South Line and 1000 Feet From The East Line of Section 30 Township 31N Range 13W NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Oil or Condensate (X) Giant Refining, Inc. P.O. Box 256, Farmington, NM 87401 Name of Authorized Transporter of Cesinghead Gas or Dry Gas (C) El Paso Natural Gas Co. (No Change) If well produces oil or liquida, Unit Sec. Typ. Rge. If well production is commingled with that from any other lease or pool, give commingling order numbers NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE 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 ny knowledge and belief. DIM L. Jacoby (Stensive) Title Gram is to be filed in compliance with RULE 1104. Well form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despende well, this form must be accompanied by a tabulation of the devisition with this is a request for allowable for a newly drilled or despende well, this form must be accompanied by a tabulation of the devisition with the second of the devisition of the d	Change in Ownership Casinghead Gas X Ca	ondensate Elifective IZ 07.
I. DESCRIPTION OF WELL AND LEASE Lease Name Federal 2 Basin Dakota Stote, Federal or Fee Federal NM-053798 Location Unit Letter I : 1570 Feet From The South Line and 1000 Feet From The East Line of Section 30 Township 31N Range 13W NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate (X) Giant Refining, Inc. Name of Authorized Transporter of Costinghead Gas or Dry Gas (X) E1 Paso Natural Gas Co. (No Change) If well produces oil or Houlds, Unit Sec. Typ Rase. 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. All CERTIFICATE OF COMPLIANCE how	If change of ownership give name	
Federal 2 Bas in Dakota State, Federal or Fee Federal NM-053798 Location Unit Letter I : 1570 Feel From The South Line and 1000 Feel From The East Line of Section 30 Township 31N Range 13W NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condenacte (X) Address (Give address to which approved copy of this form is to be sent) Giant Refining, Inc. Name of Authorized Transporter of Cosinghead Gas or Dry Gas (Q) Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. (No Change) If well produces oil or liquids, Unit Sec. Twp. Req. If well produces oil or liquids, Qive location of tonks. 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. A. CERTIFICATE OF COMPLIANCE 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 ny knowledge and belief. APPROVED TITLE This form is to be filled in compiliance with RULE 1104. If this is a request for allowable for a newly drilled or despendent well, this form must be accompanied by a Labulation of the desistion	and address of previous owner	
Federal 2 Bas in Dakota State, Federal or Fee Federal NM-053798 Location Unit Letter I : 1570 Feel From The South Line and 1000 Feel From The East Line of Section 30 Township 31N Range 13W NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condenacte (X) Address (Give address to which approved copy of this form is to be sent) Giant Refining, Inc. Name of Authorized Transporter of Cosinghead Gas or Dry Gas (Q) Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. (No Change) If well produces oil or liquids, Unit Sec. Twp. Req. If well produces oil or liquids, Qive location of tonks. 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. A. CERTIFICATE OF COMPLIANCE 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 ny knowledge and belief. APPROVED TITLE This form is to be filled in compiliance with RULE 1104. If this is a request for allowable for a newly drilled or despendent well, this form must be accompanied by a Labulation of the desistion	II. DESCRIPTION OF WELL AND LEASE	
Location Unit Letter I : 1570 Feet From The South Line and 1000 Feet From The East Line of Section 30 Township 31N Ronge 13W NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Costinghead Gas or Dry Gas go Address (Give address to which approved copy of this form is to be sent) Figure 1 Paso Natural Gas Co. (No Change) If well produces oil or liquida, qive location of tonks. 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. Approved Approved OIL CONSERVATION DIVISION Approved Approved Title form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendently form must be accompanied by a tabulation of the deviation of the form must be accompanied by a tabulation of the deviation of the form must be accompanied by a tabulation of the deviation of the deviati		ormation Kind of Lease No.
Unit Letter I : 1570 Feet From The SOUTH Line and 1000 Feet From The East Line of Section 30 Township 31N Range 13W , NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OH AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Giant Refining, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas (D) E1 Paso Natural Gas Co. (No Change) If well produces oil or liquids, quality Sec. Typ Rge. Is gas octually connected? 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 COMPILANCE 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. OIL CONSERVATION DIVISION APPROVED BY SUPERVISOR DISTOCT # 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 despendent well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation of	Federal 2 Basin Dakota	State, Federal or Fee Federal NM-053798
Line of Section 30 Township 31N Ronge 13W , NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS. Name of Authorized Transporter of Oil or Condensate W P.O. Box 256, Farmington, NM 87401 Name of Authorized Transporter of Costinghead Gas or Dry Gas W P.O. Box 256, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, quelity is commingted with that from any other lease or pool, give commingting order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPILANCE hereby centify 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. OIL CONSERVATION DIVISION APPROVED TITLE This form is to be filed in compilance with RULE 1104. If this is a request for allowable for a newly drilled or despendent well, this form must be accompanied by a tabulation of the deviation of the devi	Location	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Giant Refining, Inc. Name of Authorized Transporter of Casinghead Cas or Dry Gas El Paso Natural Gas Co. (No Change) If well produces oil or liquids, quelt Sec. Twp Rge. Is gas octually connected? when give location of tanks. 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. APPROVED APPROVED By This form is to be filed in compliance with Rule 1104. If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation	Unit Letter I : 1570 Feet From The South Lin	e and 1000 Feet From The East
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Giant Refining, Inc. Name of Authorized Transporter of Casinghead Cas or Dry Gas El Paso Natural Gas Co. (No Change) If well produces oil or liquids, quelt Sec. Twp Rge. Is gas octually connected? when give location of tanks. 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. APPROVED APPROVED By This form is to be filed in compliance with Rule 1104. If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation	30 Tayashia 31N Bassa	13M NATION County
Address (Give address to which approved copy of this form is to be sent) Giant Refining, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas (C) El Paso Natural Gas Co. (No Change) If well produces oil or liquids, give location of tanks. 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. Approved Approved Approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) If this production is commingted to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which app	Cive of Section 30 Lower Table 514 Monday	TON THAT ME SUIT GUALT
Giant Refining, Inc. Name of Authorized Transporter of Cesinghead Gas or Dry Gas (Content of Content of Cesinghead Gas or Dry Gas (Content of Content of Co	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	LGAS
Name of Authorized Transporter of Casinghead Gas or Dry Gas (Inc. Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. (No Change) If well produces oil or liquids, quelocation of tanks. 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 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. APPROVED TITLE 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 despensed well, this form must be accompanied by a tabulation of the deviation	Name of Authorized Transporter of Oil or Condensate	Addiess (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. (No Change) If well produces oil or liquids, quel Sec. Twp Rge. Is gos octually connected? When give location of tanks. 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. A. CERTIFICATE OF COMPLIANCE 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 many knowledge and belief. Dim L. Jacobs (Signaine) This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendent well, this form must be accompanied by a tabulation of the deviation of the deviation.	Giant Refining, Inc.	P.O. Box 256, Farmington, NM 87401
If well produces oil or liquids, quell section of tanks. 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 Complete Parts IV and V on reverse side if necessary. APPROVED APPROVED 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 despended well, this form must be accompanied by a tabulation of the deviation.		Radress (Give address to which approved copy of this form is to be semi)
If well production of tanks. 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. I. CERTIFICATE OF COMPLIANCE Thereby 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. 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 despensed well, this form must be accompanied by a tabulation of the deviation of the deviation.	Lintt Sec Two Ree.	Is as 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 COMPHANCE Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION APPROVED APPROVED BY SUPERVISOR DISTOCT # 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 despensed well, this form must be accompanied by a tabulation of the deviation	If well produces oil or liquids,	i .
NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Chereby 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. APPROVED 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 despended well, this form must be accompanied by a tabulation of the deviation.		
APPROVED APPROVED 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.	· · · · · · · · · · · · · · · · · · ·	er community of contract of the contract of th
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. APPROVED 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.	NOTE: Complete Parts IV and V on reverse side if necessary.	<u></u>
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. BY 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.	VI CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
TITLE 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.	The Control of Control of the Contro	NOV 2 5 1984
TITLE 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	I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED, 19
This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation	my knowledge and belief.	BY Santa Jave
Jim L. Jacobs (Signature) 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		SUPERVISOR DISTRICT # 3
Jim L. Jacobs (Signature) 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		
Jim L. Jacobs' (Signature) well, this form must be accompanied by a tabulation of the deviation	the 1 Sheer	II .
// i /	Jim L. Jacobs (Stenature)	
, decloyist	Geologist	11
(Title) All sections of this form must be filled out completely for allowable on new and recompleted wells.		
Fill out only Sections I, II, and VI for changes of owner,	······································	Fill out only Sections I. II. III, and VI for changes of owner,

District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy Minerals and Natural Resources

Form C-104B March 19, 2001

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Submit 1 copy of the final affected wells list along with 1 copy of this form per number of wells on that list to appropriate District Office

Change of Operator Name

OGRID: Effective Date:	2969			
ZATOURIE ISAIC.	3/1/01			
Previous Ope	erator Name and Inform	nation:	New Opera	ator Name and Information:
Name:	Bruce Anderson		New Name:	Anderson Oil Ltd., LLP
Address: Address:	5005 Woodway, Suite 300		Address: Address:	5005 Woodway, Suite 300
City, State, Zip:				Soos woodway, Builte 300
-	Houston, TX 77056		City, State, Zip.	Houston, TX 77056
Signature: Printed name: Title: Date:	Mary Ellen Hughes Controller 7/18/01 Phone: 71	13-652-5746		CONTRACTOR SOLVER
			NMOC	D Approval
		Signatur	е:	772
		Printed Nam	e: SUPE	ERVISOR DISTRICT #3
		Distric	et:	JUL 2 3 2001
		Date	2 :	