

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
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  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Marmac Petroleum Company</b>	
Address <b>2120 So. Holly, Suite 207; Denver, Colo. 80222</b>	
Reason(s) for filling (Check proper box)	
<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Condensate Gas
Other (Please explain) <b>OIL CON DIST</b>	

If change of ownership give name and address of previous owner **Solar Petroleum Inc., 1099 18th St, Suite 2900; Denver, Colo. 80202-1999**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Navajo Tribe of Indians 'F'</b>	Well No. <b>166</b>	Pool Name, including Formation <b>Horseshoe Gallup</b>	Kind of Lease State, Federal or Foreign <b>Federal</b>	Lease No. <b>14-20-603-2034</b>
Location Unit Letter <b>L</b> , <b>1330</b> Feet From The <b>South</b> Line and <b>10</b> Feet From The <b>West</b> Line				
Line of Section <b>10</b> Township <b>31N</b> Range <b>17W</b> , N.M.P.M., <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

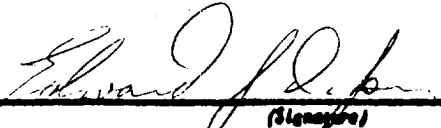
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Ciniza Pipe Line Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1887; Bloomfield, N.M. 87413</b>
Name of Authorized Transporter of Condensate 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. <b>D 10 31N 17W</b>
Is gas actually connected? When	


If this production is commingled with that from any other lease or pool, give commingling order number **R-1847**

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.

  
\_\_\_\_\_  
(Signature)  
**Production Manager**  
\_\_\_\_\_  
(Title)  
**10/7/88**  
\_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION	
APPROVED	<b>OCT 11 1988</b>
BY	
TITLE	<b>SUPERVISOR</b>

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.