STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

40 (30115 524	-		
DISTRIBUTI	ОМ		
BANTA PE			
FILE			
U.S.G.S.		Г	
LAND OFFICE			
TRANSPORTER	OIL		
, and to the EM	GAS		
OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWARLE

OPERATOR	11240251 1 01	NO.			
PROBATION OFFICE	AND				
I.	AUTHORIZATION TO TRANSI	PORT OIL AND NATU	RAL GAS		
Operator					
A.P.A. Development Corp	poration			3	
Address				. a	
P.O. Box 215, Cortez, C	Colorado 81321			Sylveria de la companya della companya de la companya de la companya della compan	
Resson(s) for filing (Check proper box)		Other (Please	explain)	in the second	
New Well	Change in Transporter of:	ł	•		
Recompletion	O11 D	y Gas			
Change in Ownership	Casinghead Gas Co	ondensate			
If change of ownership give namen	4 D 4 3 2			0 == 01	
If change of ownership give name Bays and address of previous owner Bays	tar Petroleum Corpora	tion. P.O. Box	7379, Albuquerque	NM 87194	
II. DESCRIPTION OF WELL AND L					
Lease Name	Weil No. Pool Name, Including F	ormation	Kind of Lease Navajo	Legse No.	
Navajo "P"	10 Many Rocks C	allup	State, Federal or Fee 14-2	0-600-3540	
Location					
Unit Letter L : 1980	Feet From The South Lin	• and 660	Feet From TheWest_		
Unit Letter L : 1900	Feet From The Doctory City				
Line of Section 26 Townsh	ip 32N Adage	17W , NMPM	San Juan	Caunty	
Cine of Section 20		1/1	. 3411 811411	· · · · · · · · · · · · · · · · · · ·	
III DECICALATION OF THANCHOR	ATTER OF OUR AND MATTERAL				
III. DESIGNATION OF TRANSPOR		Address (Give address	to which approved copy of this	form is to be sent!	
· ·					
Ciniza Pipe Line, Inc.		, Bloomfield, NM 8			
Name of Authorized Transporter of Casing	nead Gas or Dry Gas	Address (Give address	to which approved copy of this	form is to se sent/	
Un	it Sec. Twp. Age.	is gas actually connect	ed? When		
If well produces oil or liquids,	C 34 32N 17W		t		
· · · · · · · · · · · · · · · · · · ·		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
If this production is commingled with the	hat from any other lease or pool,	give commingling orde	r number:		
NOTE: Complete Banks IV and IV a	m namena sida if macarram				
NOTE: Complete Parts IV and V of	n reverse stue if necessary.				
		ا ا	ONCEDVATION DIVICE	ON	

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.

Yatine & Wordley
Overa to
(Title)
10-17-84
(Date)

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	OCI 1 (1988	
APPROVE		
BY	Brist . Chang	
	SUPERVISION 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 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.

Fitt 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.