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OIL CON. DIV.
DIST. 3

STATE OF NEW MEXICO
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Ronald Nickr

Address P.O. Box 356 Bloomfield, N.M. 87413

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner S & B Properties P.O. Box 10 Abiquiu N.M. 87510

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>UTE</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Horse shoe Gallup</u>	Kind of Lease State, Federal or Fee <u>UTE MT. 14-20-604-1949</u>	Lease No.
Location				
Unit Letter <u>0</u>	<u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>EAST</u>			
Line of Section <u>23</u>	Township <u>31-N</u>	Range <u>16-W</u>	NMPM, <u>SAN JUAN</u> 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"/> <u>Permain Corp The</u>	Address (Give address to which approved copy of this form is to be sent) <u>2502 West Main Farmington NM</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent) <u>NONE</u> <u>87410</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>23</u>	Sec. <u>31-N</u> Twp. <u>16-W</u> Rge. <u>16-W</u>
	Is gas actually connected? <u>NONE</u>	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 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.

Ronald Nickr
(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

MAR 10 1989

APPROVED _____, 19

BY Bruce J. Dwyer

TITLE 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.

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.