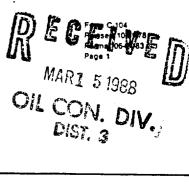
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

MARCH 7, 1988

DISTRIBUTION			
BANTA FE		Ι	
FILE			
U.1.d.1.			
LAND OFFICE			
TRANSPORTER	OIL		
	O A B		
OPERATOR			
PROBATION OFFICE			

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



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.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operator					
BACA PETROLEUM COI	RP.				
Address	t Cto 2050 Doni	or CO 90202			
Reason(s) for filing (Check proper box)	t, Ste. 2950, Denve	Other (Please			
New Well	Change in Transporter of:	Other (Fleas)	e explain/		
Recompletion		CHANGI	E OF OPERATOR		
XX Change in Ownership		Condensate			
XX Chande in Colors and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
If change of ownership give name and address of previous owner	CAPITAL OIL & GAS (CORPORATION,	P. O. Box 2130, K	ilgore, TX	
and sources of previous owner		· · · · · · · · · · · · · · · · · · ·	. /5662		
II. DESCRIPTION OF WELL AND I	LEASE				
Lease Name	Well No. Pool Name, Including Fo		Kind of Lease	Legae No.	
S.F.P.R.R.	XA Miguel Creek	-Gallup	State, Federal or Fee Fee	104725	
Location	2				
Unit Letter : 1980	Feet From The WEST Lin	• and <u>23/0</u>	Feet From The NORTH		
Line of Section 29 Townsh	hip 16 North Range 6	West , Nupm	· McKinlev	County	
-					
III. DESIGNATION OF TRANSPOR		. GAS			
Name of Authorized Transporter of Oll					
Gary Energy Corpo		Bloomfield, New Mexico 87413			
Name of Authorized Transporter of Casings N/A	head Gas or Dry Gas	Address (Give address	to which approved copy of this form i	s to be sent)	
111	nit. Sec. Twp. Rgs.	Is gas actually connect	ed? When		
If well produces oil or liquids, give location of tanks.	A 29 16N 6W	1		·	
If this production is commingled with the	hat from any other lease or pool,	give commingling order	r number:		
NOTE: Complete Parts IV and V or	n reverse side if necessary.		••		
W. CERTIFICATE OF COMPLIANCE	E	ا ا	ONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIANCE	E	0.20	MAR 1 5 1988		
I hereby certify that the rules and regulations of		APPROVED	MAU 19 1300	_, 19	
been complied with and that the information gi			1 1	-	
my knowledge and belief.		BY	D. A. Chang		
		TITLE	SUPERVISION DISTRICT	c # 3	
OID STILL	<i>!</i>	This form is to	be filed in compliance with mu		
Calpl C. Milk	erso	l .	seat for allowable for a newly dri		
(Signature	,	well, this form must	be accompanied by a tabulation	of the deviation	
ALPH R. WILKERSON VIC	CE PRESPRODUCTIO	(A	well in accordance with AULE 1		
(Title)		All sections of	this form must be filled out comp	pictely for allow-	