## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE			
TAAHSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

## 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

DESCRIPTION OF WELL AND LEASE   Lease Name   Well No.   Pool Name, Including Formation   Jicarilla   106   West Lindrith Gallup-Dakota   State, Federal or Fee Indian   Jicarilla   Contract   fill   fill   Contract   fill   fi	I				
Note   Company   Name	Operator				
1816 E. Mojave, Farmington, New Mexico 87401   Research   Territory   Territ	ARCO Oil & Gas Company, A Division of Atlantic Richfield Company				
New Well   New Well   Change in Transporter of:   Change in Transporter of:   Change of Ornership give name   Mel No.   Pool Name, Including Formation   Store, Federal or Fee Indian   Chartest No.   Change of Ornership give name   Well No.   Pool Name, Including Formation   Store, Federal or Fee Indian   Chartest No.   Chartes	Address				
New Vall     Change in Transporter of:     Dry Gos     Change of transporter effective					
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II. DESCRIPTION OF WELL AND LEASE  Lease Name    Well No.   Pool Name, Including Formation   State, Federal or Fee Indian   Contract	Change in Ownership Casinghead Gas Co	ndenagte   5/1/8/			
II. DESCRIPTION OF WELL AND LEASE  Lease Name    Well No.   Pool Name, Including Formation   State, Federal or Fee Indian   Contract	If change of ownership give name				
Lecetion   106   West Lindrith Gallup-Dakota   Stories, Federal or Fee Indian   Contract	and address of previous owner				
Lecetion   106   West Lindrith Gallup-Dakota   Stories, Federal or Fee Indian   Contract	THE CONTROL OF METERS AND LEACT				
Jicarilla		primation   Kind of Lease   Lease No.			
Unit Letter K : 2130 Feet From The South Line and 2000 Feet From The West  Line of Section 8 Township 24N Ronge 4W NUMM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorised Transporter of CII (X) or Condensate Address (Give address to which approved copy of this form is to be sent)  Figure oil Authorised Transporter of Century Company  Name oil Authorised Transporter of Century Company  Figure oil Authorised Transporter of Century  Figure oil Authorised Transporter oil Century  Figure		Callum Dalata Signer Federal or Fee Indian Unicarilla			
Unit Letter K : 2130 Feet From The South Line and 2000 Feet From The West  Line of Section 8 Township 24N Range 4W NMPM. Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cil  or Condensate Address (Give address to which approved copy of this form is to be sent)  Giant Refining Company 7227 No. 16th St., Phoenix, Arizona 85020  Name of Authorized Transporter of Casingread Gas  or City Gas Address (Give address to which approved copy of this form is to be sent)  El Paso Natural Gas Company P. 0. Box 990, Farmington, New Mexico 87401  If well produces oil or liquids, Unit Sec. Typ. Rec. Is gas octually connected? When give location of tents. K 8 24N 4W Yes 6/19/80  If this production is commingled with that from any other lesse or pool, give commingling order number:  NOTE: Complete Parts IV and V on recess side if necessary.  VI. CERTIFICATE OF COMPLIANCE  I beicely cettify that the ules 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.  Production Supervisor  OIL CONSERVATION DIVISION  APPROVED APPROVE					
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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorised Transporter of Cit   (1)   or Condensore   Address (Give address to which approved copy of this form is to be sent)   Giant Refining Company	Unit Letter A : 2130 Feet From The 300th Cine	and 2000 Feet From the Wood			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorised Transporter of CII  or Condensor	Line of Section 8 Township 24N Ronge 4W	, NMPM, Rio Arriba county			
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Name of Authorized Transporter of Cil Condensate  Giant Refining Company  Name of Authorized Transporter of Casingread Gos Control of Dry Gos Address (Give address to which approved copy of this form is to be sent)  El Paso Natural Gas Company  If well produces oil or liquids.  If well produces oil or liquids.  If well produces oil or liquids.  If this production is commingled with that from any other lease or pool.  If this production is commingled with that from any other lease or pool.  If the production is commingled with that from any other lease or pool.  If the production is commingled with that from any other lease or pool.  If the production is commingled with that from any other lease or pool.  If the production is commingled with and that the information of the Oil Conservation Division have been complete with and that the information given is true and complete to the best of my knowledge and belief.  DIL CONSERVATION DIVISION  APPROVED  APPROVED  APPROVED  TITLE  Suffervisor Division with aule 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 tests taken on the well in accordance with aule 111.  All sections of this form must be filled out completely for allowed.  All sections of this form must be filled out completely for allowed.	III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS			
Name of Authorized Transporter of Casinghead Gos or Dry Gas   El Paso Natural Gas Company   P. O. Box 990, Farmington, New Mexico 87401    If well produces oil or liquids, give location of tanks.   Unit   Sec.   Twp.   Rgs.   Is gas actually connected?   When   6/19/80    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   OIL CONSERVATION DIVISION    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.  Production Supervisor   This form use to be filled 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 for a newly drilled out completely for allowable for a new formation for the deviation for a new formation for the formation for the deviation formation formation formati	Name of Authorized Transporter of CII (X) or Condensate	Addiesa (Give address to which approved copy of this form is to be sent)			
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	Production Supervisor	All sections of this form must be filled out completely for allow-			
able of new and recompleted water		able on new and recompleted wells.			
Fill out only Sections 1, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	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.			
		completed wells.			