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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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 JOSEPH B. GOULD

Address 2829 E. 2nd AVE. SUITE 212 DENVER COLORADO

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<u>CONNECTION OF WELL TO GAS</u>
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<u>APPLINE</u>
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

Change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Phillips 32</u>	Well No. <u>3</u>	Pool Name, including Formation <u>WEST LINDRITH GAL/DK</u>	Kind of Lease <u>FEDERAL</u>	Lease No. <u>SF 079549</u>
Location				
Unit Letter <u>E</u>	<u>430</u> <u>450</u>	Feet From The <u>WEST</u>	Line and <u>2310</u>	Feet From The <u>NORTH</u>
Line of Section <u>32</u>	Township <u>25 N</u>	Range <u>3 W</u>	NMPM, <u>Rio Arriba</u>	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>GIANT TRANSPORTATION CO</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 256 FARMINGTON NM 87499</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>EL PASO NATURAL GAS CO</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990 FARMINGTON NM 87494</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>32</u>	Twp. <u>25 N</u>	Rge. <u>3 W</u>	Is gas actually connected? <u>YES</u>	When <u>MAY 11, 1984</u>

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.

I. CERTIFICATE OF COMPLIANCE

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.

R. J. Semmons
(Signature)
Agent
(Title)
May 11, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 11 1984, 19____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR 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.

RECEIVED
MAY 11 1984
OIL CON. DIV.
DIST. 3