8	TATE OF	F NEW	MEXICO	
ENERGY	AND MIN	NERALS	DEPART	<b>MENT</b>

(Title)

(Date)

2/25/87

PO. 00 COPICE SCC	****	Ì	
DISTRIBUTE			
FILE			
V.1.0.A.			
LAND OFFICE			
TRAMAPORTER	٦٥		
	GAS		
OPERATOR .			
PROBATION OFF	KE	1	

## 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

BENVE D

EARD OFFICE	•	,				
TRANSPORTER GAS	PERHEST FO	R ALLOWABLE	- 7198	1		
OPERATOR		AND	AL GAS FED 2 71987			
PROBATION OFFICE		PORT OIL AND NATURAL G	AS STATE T	. <b>V</b> IC		
1.	A THORIZATION TO THE TE		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	<del></del>		
Operator			7 551.3			
JEROME P. McHUGH	•		•	-		
Address						
P O Box 809, Farming	ton, NM 87499			· ·		
Resson(s) for filing (Check proper	box)	Other (Please explain	<b>'</b>			
New Well	Change in Transporter of:					
Recemplation	ou	Correction o	f Name of Oil Tr	ansporter		
Change in Ownership	Casinghead Gas	Condensate				
If change of ownership give nar and address of previous owner.  II. DESCRIPTION OF WELL						
Leese Name	Well No.   Pool Name, Including	ormation Kind o	Lease	Lease No.		
High Adventure	2 Gavilan Man	cos State,	Federal or Fee Fee			
Location						
Unit Letter M ;	790 Feet From The South Li		From The West Rio Arriba Count	y County		
Line of Section 9						
III DESIGNATION OF TRA	NSPORTER OF OIL AND NATURA	I. GAS				
Name of Authorized Transporter o	CIL XXI or Condensate	Andress (Give address to water		is to be sent)		
Gary Energy Corp.		P O Box 159, Bloomf	ield, NM 87413			
Name of Authorized Transporter o	Casinghead Gas XX or Dry Gas	Address (Give address to which		is to be sent;		
Jerome P. McHugh		P O Box 809, Farmin				
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	When			
give location of tanks.	M 9 25N 2W	Yes	1/22/87			
re at a sure description de commingle	d with that from any other lease or pool	give commingling order number	<b>2</b> :			
NOTE: Complete Parts IV a	nd V on reverse side if necessary.					
	TIANCE	OIL CONSE	RVATION DIVISION			
VI. CERTIFICATE OF COMP		<b>I</b> I.	EFR	27,198/		
I hereby certify that the rules and reg	ulations of the Oil Conservation Division have	APPROVED				
been complied with and that the infor	mation given is true and complete to the best of	11	Chighiet aig the by Children Control			
my knowledge and belief.	•	DEFUTY CIL 4 GAS INSPECTOR, DIST. #3				
	1/	TITLE				
$() \cdot X / $		1 10 to 10 to 10 to 10	ed in compliance with m	IIL # 1104.		
1.4			allowable for a newly			
ames S. Hazen	Signature)	well, this form must be ac-	companied by a tabulati	on of the deviation		
Field Supt.	7	tests taken on the well in	accordance with MULE	111.		

All sections of this form must be filled cut 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.