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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR			
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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

July Jubilee 2 Bisti Lower Gallup State, Federal or Fee Fed. NM-246 Location Unit Letter D: 790 Feet From The North Line and 790 Feet From The West Line of Section 29 Township 24N Range 9W , NMPM, San Juan Cou III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Giant Refining, Co. P.O. Box 256, Farmington, NM 87499					
New Well Change in Transporter of: Oil Orange in Transporter of: Orange in Ownership SEP 1 8 Oil Orange in Ownership SEP 1 8 Oil Orange in Ownership					
New Well Change in Transporter of: Oil Orange in Transporter of: Orange in Ownership SEP 1 8 Oil Orange in Ownership SEP 1 8 Oil Orange in Ownership	P.O. Box, 208, Farmington, NM 87499				
II. DESCRIPTION OF WELL AND LEASE Lesses Name July Jubilee 2 Bisti Lower Gallup State, Federal or Fee Fed. NM-246 Location Unit Letter D: 790 Feet From The North Line and 790 Feet From The West Line of Section 29 Township 24N Range 9W , NMPM, San Juan Cou III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil (x) or Condensate Address (Give address to which approved copy of this form is to be sent) Giant Refining, Co. P. 0. Box 256, Farmington, NM 87499 Mome of Authorized Transporter of Cosinghead Cas (x) or Dry Gas Address (Give address to which approved copy of this form is to be sent) Dugan Production Corp. (No Change) If well produces oil or liquids, Unit Sec. Twp. Rae. Is gas octually connected? When give location of tanks. D 29 24N 9W 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 Cherchy 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. Supervisor District # 3 TITLE Supervisor District # 3 TITLE Supervisor District # 3 TITLE	New Well Change in Transporter of: New Well Change in Transporter of: Dry	Effective 10-1-85			
Lease Name Well-No. Pool Name, Including Formation Kind of Lease Lease July Jubilee 2 Bisti Lower Gallup State, Federal or Fee Fed. NM-246	I change of ownership give name				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate	July Jubilee 2 Bisti Lower 6	Gallup State, Federal or Fee Fed. NM-2466]			
Giant Refining, Co. Name of Authorized Transporter of Oil Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief. Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be se	Line of Section 29 Township 24N Range	9W , NMPM, San Juan County			
NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Thereby 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. OIL CONSERVATION DIVISION APPROVED SUPLEVIAN DISTRICT # 3	Giant Refining, Co. Iame of Authorized Transporter of OII or Condensate or Giant Refining, Co. Iame of Authorized Transporter of Cosinghead Gas or Ory Gas or Dugan Production Corp. (No Change) I well produces off or liquids, or Condensate or Condensate or Dugan Production Cosinghead Gas or Dry Gas or Dry Gas or Dugan Production Corp. (No Change) I well produces off or liquids, or Condensate o	P.O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Is gas actually connected? When			
TITLE	OTE: Complete Parts IV and V on reverse side if necessary. I. CERTIFICATE OF COMPLIANCE Descript that the rules and regulations of the Oil Conservation Division have concomplied with and that the information given is true and complete to the best of	OIL CONSERVATION DIVISION APPROVED STANDS BY STANDS			
Well, this form must be accompanied by a tabulation of the devi- tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely-for a able on new and recompleted wells. Fill out only Sections I. II. III., and VI for changes of ow well name or number, or transporter, or other such change of condi	Geologist (Tule)	TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended 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 allow-			