

ILLEGIBLE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
FORMATION OFFICE	

I. OPERATOR
Name: Mission Oil & Gas Corporation
Address: P. O. Box 840, Farmington, New Mexico 87499
Reason(s) for filing (Check proper box):
☐ New Well ☐ Change in Transporter oil
☐ Recompletion ☒ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain):
RECEIVED
MAY 21 1985
OIL CON. DIV. 1
DIST. 3

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Shoofly</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Escrito Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>16589</u>
Location Unit Letter <u>C</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>24N</u> Range <u>8W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>The Mancos Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1320, Farmington, New Mexico 87499</u>			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ <u>Northwest Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) _____			
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>14</u>	Twp. <u>24N</u>	Rge. <u>8W</u>
	Is gas actually connected?		When	
	<u>No</u>			

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

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.

[Signature]
(Signature)
Charles R. Dunn, Operator
(Title)
11-1985
(Date)

OIL CONSERVATION DIVISION
MAY 21 1985
APPROVED _____ 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with rule 7.1104.
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviate 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 well in multiple completed wells.