STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| | £19.68 | | |
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| DISTRIBUTION | | | |
| SANTA FE | | 1 | - |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | 1 | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PROBATION OFFICE | | | |
| | | | |

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply completed wells.

| | V MEXICO 87501 | |
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| LAND OFFICE | | |
| TARREPORTER | REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAST TO SERVICE AND AUTHORIZATION TO SERVICE AUTHORIZATION TO | |
| OPERATOR | REQUEST FOR ALLOWABLE AND | |
| | PORT OIL AND NATURAL CASE | |
| I. | PORT OIL AND NATURAL CAS | |
| Operator WINDSELL OIL COMPANY OF BURNEY | PORT OIL AND NATURAL CONTRACTOR OIL | |
| KIMBELL OIL COMPANY OF TEXAS | Transcontinuity DIA | |
| Address | COM. | |
| BOX 1097, FARMINGTON, N. M. 87499 | OIL COST 3 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | |
| New Well Change in Transporter of: | | |
| Recompletion OII | Name change of operator | |
| Change in Ownership Casinghead Gas Co | ondensate | |
| Change mame of operat | tor from Sims Oil Company, Inc. | |
| | ny of Texas - effective 10/1/84 | |
| | | |
| II. DESCRIPTION OF WELL AND LEASE | | |
| Lease Name Well No. Pool Name, Including F | Lods NC. | |
| Warren Federal 2 Basin Dakota | State, Federal or Fee Fed. SF-079139A | |
| Location | | |
| Unit Letter 0 : 1015 Feet From The S Line and 1850 Feet From The E | | |
| Line of Section 35 Township 25N Range | 6W Rio Arriba County | |
| , and a second s | , NMPM, County | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL | CAS | |
| Name of Authorized Transporter of Cil or Condensate X | Address (Give address to which approved copy of this form is to be sent) | |
| Giant Refining Co. Box 9156, Phoenix, Arizona 85068 | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas 😿 | Address (Give address to which approved copy of this form is to be sent! | |
| El Paso Natural GasCo. | Box 1492, El Paso, Texas 79978 | |
| If well produces oil or liquids, Unit Sec. Twp. Rgs. | Is gas detually connected? When | |
| give location of tanks. 0 35 25N 6W | Yes April, 1960 | |
| If the production in associated mish shot from any other transfer | | |
| If this production is commingled with that from any other lesse or pool, | give commingling order number: | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | | |
| | 1 | |
| VI. CERTIFICATE OF COMPLIANCE | OIL CONSERVATION DIVISION | |
| hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED | | |
| been complied with and that the information given is true and complete to the best of | ed with and that the information given is true and complete to the best of | |
| my knowledge and belief. | BY Trank | |
| | SUPERVISOR DISTRICT # 3 | |
| TITLE | | |
| This form is to be filed in compliance with RULE 1104. | | |
| Consent | If this is a request for allowable for a newly drilled or despend | |
| (Signature) | well, this form must be accompanied by a tabulation of the deviation | |
| E. A. Clement, Agent | tests taken on the well in accordance with AULE !!!. | |
| 10/15/84 | All sections of this form must be filled out completely for silow- sble on new and recompleted wells. | |
| (Date) | 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. | |