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

## STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT

| DISTRIBUTION     |     |    |   |  |  |
|------------------|-----|----|---|--|--|
|                  |     |    |   |  |  |
| BANTA PE         |     | 1- |   |  |  |
| FILE             |     |    |   |  |  |
| U.8.0.8.         |     |    |   |  |  |
| LAND OFFICE      |     |    | - |  |  |
| TRANSPORTER      | DIL |    |   |  |  |
|                  | BAS |    |   |  |  |
| OPERATOR .       |     |    |   |  |  |
| PROBATION OFFICE |     |    |   |  |  |
|                  |     |    |   |  |  |

## 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

| Norman L and Land. T   | - ( ) ( )   | 15200  |                           |  |                  |                             |  |  |
|--|---|--|---------------------------|--|------------------|-----------------------------|--|--|
| Morman L. and Loretta E  | : Gilbreath   | 13 989   |                           | 30-0   | <u> 39-213</u>   | 75                          |  |  |
| Box 208, Aztec, NM 87410   |   |  |                           |  |                  |                             |  |  |
| Resson(s) for filing (Check proper box)  | ck proper box) Other (Please explain)   |  |                           |  |                  |                             |  |  |
| New Well Change in   | Transporter of:   |  |                           |  |                  |                             |  |  |
| Recompletion   |   | ry Gas   |                           |  |                  |                             |  |  |
| X Change in Ownership Casin  | nghead Gas C  | ondensate  |                           |  |                  |                             |  |  |
| change of ownership give name  |   |  |                           |  |                  |                             |  |  |
| nd address of previous owner Max D.  | Webb, Box 190,  | Farming  | ton. NM                   | 87499  |                  |                             |  |  |
|  |   | Ū  |                           |  |                  | ·····                       |  |  |
| . DESCRIPTION OF WELL AND LEASE  | Pool Name, Including F  | ormalian   |                           | Kind of Lease                                      |                  |                             |  |  |
| Harvey 1   | • • • • • • • •   |  | 1                         | Kind of Lease<br>State, Federal of Fee             | _                | Lease No.                   |  |  |
| orgien   | Ballard Pic   | tured (11  | <u>††  </u>               | State, Festal of Fee                               | State            | EZ-877-5                    |  |  |
| Unit Letter N : 830 Feet From The South Line and 1850 Feet From The West   |   |  |                           |  |                  |                             |  |  |
| Unit Letter N : 830 Feet From The South Line and 1850 Feet From The West   |   |  |                           |  |                  |                             |  |  |
| Line of Section 2 Township 25N   | Range   | 7 W  | . NMPM.                   | Rio Arriba   |                  | County                      |  |  |
|  |   |  |                           | KIO ALI IDA  |                  | County                      |  |  |
| II. DESIGNATION OF TRANSPORTER OF C  | IL AND NATURAL  | L GAS  |                           |  |                  |                             |  |  |
| Name of Authorized Transporter of CII ar Co  | endenscie 🗀   | Address (Giv   | e address to              | which approved copy o                              | f this form is t | o be seni)                  |  |  |
| e of Authorized Transporter of Caeinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be seni |   |  |                           | o he conti   |                  |                             |  |  |
| El Paso Natural  |   |  | O, Farmi                  |  |                  | c de sent,                  |  |  |
| f well produces oil or liquids, Unit , Sec.  | Twp. Rge.   | Is gas actual  | ly connected              | ington, NM 874                                     | 199              |                             |  |  |
| this production is commingled with that from any   | other lease or pool.  | give comming   | zling order               | number:  |                  |                             |  |  |
| OTE: Complete Parts IV and V on reverse sid  |   |  |                           |  |                  |                             |  |  |
| I. CERTIFICATE OF COMPLIANCE   |   |  | OIL CO                    | NSERVATION DI                                      |                  |                             |  |  |
| nereby certify that the rules and regulations of the Oil Cor   | nservation Division have  | APPROVE  | ED                        |  | $\cap$ MAR       | 1, <u>0 1988</u>            |  |  |
| en complied with and that the information given is true and chowledge and belief   | d complete to the best of   |  |                           | < 100  |                  | 17                          |  |  |
| )  |   | BY   |                           | Sparked.   | Xave /           |                             |  |  |
|  |   | TITLE SUPE SUPE DISTRICT # 5   |                           |  |                  |                             |  |  |
| A activity (A)   | ,   | This form is to be filed in compliance with RULE 1104.   |                           |  |                  |                             |  |  |
|  | If this is a request for allowable for a namely delited as decreased  |  |                           |  |                  |                             |  |  |
| Agent  | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. |  |                           |  |                  |                             |  |  |
| (Tule)   |   | All so   | ctions of ti              | de form must be fille                              |                  |                             |  |  |
| March 9, 1988  |   | All sections of this form must be filled out completely for allow-<br>sble on new and recompleted wells. |                           |  |                  |                             |  |  |
| (Date)   |   | Fill o   | out only Se<br>or number, | ctions I, II, III, and<br>or transporter, or other | VI for change    | ges of owner, of condition. |  |  |