STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

August 12, 1985

(Date)

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DISTRIBUTE			
SANTA FE		4	
FILE			
U.1.0.1.			
LAND OFFICE			
TRAMSPORTER	OIL		
	DAS	1	
OPERATOR			
PROBATION OF			

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

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.

LAND OFFICE		-	4										
TRANSPORTER	DIL		4			PECH	IEST EOR	RALLOWABLE					
OPERATOR	1000		┥				4 6 1	n				ortonia de la compania del compania del compania de la compania del compania del compania de la compania de la compania del compania d	2000
PROBATION OF	FICE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAST										
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Operator								-			F	, m	53.
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Address											Oil	DIST. 3	}
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Recson(s) for f	iling (Check	proper box	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·			Other (Please	explain)			
New Well	•				inge in T	ransporter	ol:		Change	e of Op	erato	or to be eff	ective
Recomplet	ion		Dry Gos May 16, 1985										
X Change In		ship			Casingh	ead Gas	11-, 1 -						
Change in				Fdwa	rds &	Leach	Oil Con	nanv					
If change of or	wnersh	ip giv	e name						Okla. Cii	tv. OK	7311	18	
and address of	(previ	ous ov	vner		TIM TIVI	PICSSWO	iye Oure	<u> </u>	UNITED STATES	-, ,			
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II. DESCRIP	HON	OF W	ELL AIV	We	11 No. P	ool Name,	including Fo	rmation		Kind of L		Jicarilla	Lease No.
t -		11.			1	Tanaci	ito Pict	ured (liffs -	State, Fe	deral or	F•• Contract	#119
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Unit Letter		G	_: <u>_1820</u>	<u>J</u>	et 1 tom	I DeNOT	<u></u> c	. 4.10					
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Line of Sec	tion	5			_26N_						, - III I .	Loa	
III. DESIGN	. TTO	NI OE	TTD A NICI	DODTEE	OF OI	TAND	JATTIRAT	GAS					
Name of Autho	ATIO	NUL	orter of Oil	OKIEN	or Con	densate	<u> </u>	Address	(Give address	to which a	pproved	copy of this form i	s to be sent)
Name of Adding	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,		_		_		1					
Name of Autho		Transm	orter of Ca	singhead	Gas	or Dry C	Gas (X)	Address	(Give address	to which a	pproved	copy of this form i	s to be sent)
Name of Autho	rthw	est	Pipeli	ne Cor	D.		_	P.O.	Box 8900	, Salt	Lake	City, Utah	84108
				Unit	Sec.	Twp.	'Rge.		ctually connect		When		
If well produce	es oil o	or liqui	ds,	, 0	1	1			Yes		1	July 1978_	
give location								!		r number:			
If this product	tion is	comm	ingled wi	th that f	rom any	other lead	se or pool,	give com	mingling of the	i ildinoer.			
NOTE: Con	mhlati	o Parte	IV and	V on re:	verse sia	le if neces	ssary.						_
NOTE. Co.								11	011 6	ONCED	\/A TIC	AN DIVICION	
VI. CERTIFI	CATE	OF C	OMPLIA	NCE				il	OIL L	UNDEH	VAIIC	N DIVISION A	า1985
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I hereby certify	that the	e rules a	and regulat	ions of the	: Oil Con	complete to	o the best of	1 2			Sa	15	J
been complied with and that the information given is true and complete to the best of my knowledge and belief.						BY_					aires -		
my knowledge]]				SUPERVISOR DIS	TOLOT IN TOLOT
								TITL	E			BOLEKAIZI-K DE	1.811.1 #. 3
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Fruth a Maria							11 .		west for	allowab	le for a newly dr	illed or deepened	
		<u> </u>	(Sign	atwe)	<u> </u>			11 11	this form mu	at be acco	omoanie	d by a tabulation nce with RULE	V OI (DB GeAletica
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Production Clerk (Title)							Able	di sections on new and r	i this fort ecomplete	d wells	i.	4.5.5., 10. E.10#	