## STATE OF NEW MEXICO \*\* ENERGY AND MINERALS DEPARTMENT

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D-11-MIEUTION				
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LAND OFFICE				
THANEFURTER	DIL	1		
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OPERATOR				
PROBATION OFFICE				

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C 104
Revised 10 01-78
Format 05 01 83
Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MONATION OFFICE AUTHORIZATION TO TRAI	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
1.		AND INTO	THE ONS			
Operator				····		
M pien Oil & Gas Corporation						
Address			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
P. O. Box 840, Farmington, New Mexico 874	199		and the state of the 🛌			
Reozonis) for liling (Check proper box)	<del></del> 1	Other (Please	e explain)	174		
New Well Change in Transporter of:			Mara	HH		
Recompletion / Oil	Dry Gas		~ < 1 1985 I	الأ		
Change in Ownership Casinghead Gas	Condensate		1985 CON			
	<u>_</u>		DIV. DIV			
If change of ownership give name			DIST. 3			
and address of previous owner		<del> </del>				
H. DESCRIPTION OF WELL AND LEASE						
Lease Name Well No. Pool Name, Including	Formation		Kind of Lease Lea			
North Lindrith Com 1A Blanco Mesav	erde		State, Federal or Fee Federal	NM 01473		
Location						
		0.0	IJ 1			
Unit Letter D : 990 Feet From The North	Line and9	90	Feet From TheWest			
20 - 20N - 2	Ora		Dia Amelia			
Line of Section 20 Township 26N Range	2W	, нмрм	. Rio Arriba	County		
Name of Authorized Transporter of Cominghed Gas Co.  Ell Paso Natural Gas Co.  If well produces oil or liquids, Unit Sec. Twp. Rgs. give for atton of lanks.  D 20 26N 2W	P. O.		Farmington. New Mexicol When 1979	,		
If this production is commingled with that from any other lesse or poo	ol, give comm	ingling order	number:			
NOTE: Complete Parts IV and V on reverse side if necessary.						
The state of the s	11	CH C	ONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANCE		UIC C	MURIVIU MUTAVADEMU			
hereby carify that the tules and regulations of the Oil Conservation Division ha	VE APPRO	VEN		Ď,		
been complied with and that the information given is true and complete to the best			8-21-1-1-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
my knowledge and belief.	BY		Drawn, Co. Co.	·		
			SUPERVISOR DISTRICT #	3		
<i>/</i> ************************************	TITLE					
AA 1 V	Thi	ls form is to	be filed in compliance with MUL	E 1104.		
1/1/2 / July 1/2			iest for allowable for a newly dril			
(Signature)			the accompanied by a tabulation well in accordance with Augg 1			
2 to to S. Dunu, Operations Hunager				•		
(Title)			this form must be filled out componented wells.	ALBIT TOL #110-5		
5/31/85	Fill out only Sections I. II. III. and VI for charges of owner- well name or number, or transporter, or other such change of condition					
(Date)	£ 5					
		Separate Forms C-104 must be filled for each prof in multiple completed wells.				