(Date)

STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

| | 4 ** 4 . | | _ |
|--------------|----------|---|---|
| DISTRIBUTION | | 1 | |
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| FILE | | | |
| v.6.0.4, | | | |
| L440 0/ FEE | | | |
| TAANIPONTER | OIL | [| |
| 1-486-0-184 | GAS | | |
| OPERATOR | | | |
| | | | |

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

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

Fill out only Sections I. II. III. and VI for changes of owner. ell 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.

REQUEST FOR ALLOWABLE AND

| T | AUTHORIZATION TO TRANS | SPORT OIL AND NATU | RAL GAS DIST. 3 | • | |
|---|-----------------------------------|-------------------------|---|------------------|--|
| Operator D. W. HILOH | | | | | |
| JEROME P. McHUGH | | | | | |
| P O Box 809, Farming | ton, NM 87499 | | | | |
| Ressen(s) for filing (Check proper box) | | Other (Pleas | e explain) | | |
| New Yell | Change in Transporter of: | | | | |
| Recognition | <u>X</u> X ou | Dry Gos Effecti | ve 7/1/87 | | |
| Change in Ownership | Casinghead Gas | Condensate | | | |
| | | | | | |
| If change of ownership give name | | | | | |
| and address of previous owner | | | | | |
| II. DESCRIPTION OF WELL AND | LEASE | | | | |
| Leese Hame | Well No. Pool Name, Including | Formation | Kind of Lease | Lesse he. | |
| Jicarilla | 12 Lindrith Ga | llup-Dakota West | State, Federal or Fee Indian | J_JC120 | |
| Foculou | | | | | |
| Unit Letter J : 1650 | O Feet From The South L | ine and <u>1650</u> | Feet From The East | | |
| ORIT Letter | | | | | |
| Line of Section 30 Town | ship 26N Range | 04W NMPN | Rio Arriba | County | |
| | | | | | |
| <mark>ரு. designation of transpo</mark> | ORTER OF OIL AND NATURA | I. GAS | | | |
| Name of Authorized Transporter of Cil | XX of Condensate | Asaroso (Give address | to which approved copy of this form is | 85258 | |
| Petro Source Corp. | | 8777 E Via de | Ventura, Suite 100, Scot | tsdale, AZ | |
| Name of Authorized Transporter of Costs | ighead Gas XX or Dry Gas | Address (Give address | to water approved copy of the form to | | |
| Northwest Pipeline Corp. | | | P.O.Box 8900 Salt Lake City, Utah 84108 | | |
| | Unit Sec. Twp. Rgs. | is gas actually connect | ed? When | | |
| If well produces oil or liquids, give location of tanks. | J 30 26N 04W | | | | |
| I this production is commingled with | that from any other lease or pool | give commingling orde | r number: | | |
| | | | | | |
| NOTE: Complete Parts IV and V | on reverse side if necessary. | | | | |
| VI. CERTIFICATE OF COMPLIANCE | | OIL C | ONSERVATION DIVISION | | |
| | | JUN 24 1987 | | | |
| | | APPROVED | 0011 2 - 1001 | . 19 | |
| been complied with and that the information given is true and complete to the best of | | ' ji | 7 1) 6 | | |
| my knowledge and belief | | BY | | | |
| \bigcirc 11/1/ | | TITLE | SUPERVISION DISTRICT # 3 | | |
| | | 11 | | | |
| 11 1/4 | | This form is to | be filed in compliance with RUL | ed of deerses | |
| ann taz | | I wall this form mus | uest for allowable for a newly drill t be accompanied by a tabulation of | of two coaferrs. | |
| James S. Hazen | re; | lests taken on the | well in accordance with AULE 11 | 1. | |
| Field Supt. | ~ | Att sections of | this form must be filled out compl | etely for allc- | |
| (Title) | | able on new and re | completed wells. | | |