

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C 104
Revised 10-01-78
Format 05-01-83
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAY 21 1985
OIL CON. DIV.
DIST. 3

I. Operator
Morrison Oil & Gas Corporation

Address
P. O. Box 840, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Warito	Well No. 1	Pool Name, including Formation Dufers Point Gallup Dakota	Kind of Lease State, Federal or Fee Indian	Lease No. NOO-C 5008
Location				
Unit Letter <u>B</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1810</u> Feet From The <u>East</u>				
Line of Section <u>7</u> Township <u>25N</u> Range <u>8W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

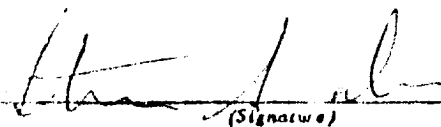
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Hincos Corporation	P. O. Box 1320 Farmington, New Mexico 87499	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	P. O. Box 4289, Farmington, New Mexico 87499	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 7
	Twp. 25N	Rgs. 8W
	Is gas actually connected?	When
	Yes	5/83

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.


VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
S. Dunn, Operations Manager
(Title)
5/21/85
(Date)

OIL CONSERVATION DIVISION

APPROVED  MAY 21 1985

BY  SUPERVISOR/DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.