STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION US 05 1985

P. O. BOX 2088

SANTA FE, NEW MEXICO 875 QIL CON. DIV

DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JUL2 9 1985 Operator OIL CON. DIV. Davis Drlq., Inc. DIST. 3 Address P. O. Box 139, Great Bend, Kansas 67530 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gas Σπ ου Recompletion Casinohead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Federal 240 Boulder Mancos Jicarilla Apache Tabbal Location 1785 Feet From The N Line and 1840 Linit I sties Rio Arriba County 1W NMPM. 28N Range Line of Section 26 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil X of Condensale Box 1887, Bloomfield, N. M. 87413 Ciniza Pipeline, Inc. Address (Give address to which approved copy of this form is to be sent) Hame of Authorized Transporter of Casinghead Gas of Dry Gos Rge. is gas actually connected? When Twp. Sec.

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

VI. CERTIFICATE OF COMPLIANCE

If well produces oil or liquids, give location of tanks.

7/25/85

I hereby certify that the tules 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.

THE LA	Tres	
	(Signature)	
President		
(Title)		

(Date)

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

OIL CONSERVATION DIVISION

APPROVED	AUG (/3 1985
RY	Simps Java
TITLE	SUPERVISOR DISTRICT # 3

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

If this is a request for allowable for a newly drilled or deepens 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 allow able 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 multipl completed wells.