STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 Format 06-01-83 CHTRIBUTION OIL CONSERVATION DIVISION SANTA PE 2200 1 P O BOX 2088 # 11 SANTA FE. NEW MEXICO 87501 LAND OFFICE TRANSPORTER REQUEST FOR ALLOWABLE CECHATOR AND PROSATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS. Cresting Dugan Production Corp. A ----P.O. Box 208, Farmington, NM 87499 Recson(s) for liling (Check proper box) Other (Please explain) Yew Well Change in Transporter of: Change of transporter Pecomo etton CIL Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE I ease Name Weil No. Pool Name, Including Formation Kind of Lease McAdams State, Federal or Fee Angels Peak - Gallup Fed. Location north Line and 1650 east Unit I eller Feet From The 27N 10W Line of Section Township Range San Juan . NMPM. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Gary Energy Corp. P.O. Box 489, Bloomfield, NM 84413 Name of Authorized Transporter of Casinghed Gas or Dry Gos IX Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. Box 990, Farmington, NM_87499 Sec. Rge. Is gas actually connected? If well groduces oil or liquids. give location of tanks. Н 34 ! 27N 10W If this production is commingled with that from any other lease or pool, give commingling order numbers NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED been complied with and that the information given is true and complete to the best of my knowledge and belief. This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened (Signature well, this form must be accompanied by a tabulation of the deviation

President

9-28-84

(Title)

(Date)

Lease No.

SF 081087

Causty

tests taken on the well in accordance with AULY 111.

able on new and recompleted wells.

completed wells.

All sections of this form must be filled out completely for allow-

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