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DISTRIBUTION !	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
SANTA FE.	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS
LAND OFFICE	-}		
IRANSPORTER OIL	1		
GAS	- · ·		
OPERATOR 2	-		
PRORATION OFFICE Operator	<u></u>		
	STAVER		
Address			
P.O. 80	X 950 VIRGINIA, MINNES	OTA 55792	
Reason(s) for filing (Check proper box	<i>j</i>	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Go	as	•
Change in Ownership X	Casinghead Gas Conder	r.sate	
		n o 'n-	T11::- (20 2)
If change of ownership give name and address of previous owner.	astern Petroleum Compa	ny P.O. Box 291 Carmi,	1111015 62821
-			
DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including F	formation Kind of Lease	Navajo Tribe Legse No.
Lease Name Table Mesa	19 Table Mesa-	1	or Fee Indian
		Dakuta	I-89-Ind
Location 99	South	ne and 600 /830 Feet From T	. lilest
Unit Letter N : 184	Feet From The Sulti Lir	ne andFeet From T	he WEST
7	waship 27N Range	17W , NMPM, San Ju	an County
Line of Section 3 To	wnship 27N Range	17W , NOPM, 3811 30	arr county
	mon on our and stational Ca	4.0	
Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which approv	ed copy of this form is to be sent)
	· 🖈		
	Company 9	Mil'Feet Main Ave B F	arminoton New Mexico
Thriftway Oil		Oll East Main Ave, B F	armington New Mexico
Name or Authorized Transporter of Ca	singhead Gas or Dry Gas	2011° East Main Ave, & F Address (Give address to which approv	armington New Mexico ed copy of this form is to be sent) 40
Name or Authorized Transporter of Ca	Singhead Gas or Dry Gas None	Address (Give address to which approved is gas actually connected? Whe	ed copy of this form is to be sent) 40
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent) 40
Name or Authorized Transporter of Ca If well produces all or liquids, give location of tanks.	Singredd Gas er Dry Gas None Unit Sec. Twn. Rge. 3 27N 17W	Address (Give address to which approved is gas actually connected?	ed copy of this form is to be sent) 40
Name of Authorized Transporter of Ca If well produces all or liquids, give location of tunks. If this production is commingled wi	Singread Gas er Dry Gas None Unit Sec. Twp. Rge.	Address (Give address to which approved is gas actually connected?	ed copy of this form is to be sent) 40
Name or Authorized Transporter of Ca If well produces oil or liquids, qive location of tanks. If this production is commingled wi COMPLETION DATA	None Unit Sec. Two Page. 17W	Address (Give address to which approved is gas actually connected?	ed copy of this form is to be sent) 40
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Name or Authorized Transporter of Ca If well produces all or liquids, give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completion	None None Unit F 3 27N 17W ith that from any other lease or pool, on - (X) Cil Well Gas Well	Address (Give address to which approved is gas actually connected? No. give commingling order number: New Well Workover Deepen	n Plug Back Same Resty. Diff. Resty
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I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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	specific gravity. British	 Robs	rt E.	

Consulting Geologist

August 15, 1973

If this is a request for silowable for a newly drills or deepends well, this form must be accompanied by a solution of the dayle of tests taken on the well in accordance with RULE 111.

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

Original Signed by Emery C. Arnold

APPROVED_

TITLE _

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.