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Name of Authorized Transporter of Costanginad Gas   cr Dry Gas X   Address (bits address to which approved copy of this form is to be sent)		Plateau, Inc.		Post Office Box 108,	Farmington, NM 87401	
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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 multiplicompleted wells.

Vice-President

6/10/82