## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			Т
SANTA FE		1	Γ
FILE		1	1
U.S.O.S.			Г
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

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

Revised 10-01-78 Format 06-01-83

Separate Forms C-104 must be filled for each pool in multiply completed wells.

Form C-104

TRANSPORTER GAS RECKIEST FO	JUL2 9 1985		
AND AND			
AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS OIL COM. DIV.		
Y	DIST. 3		
S.E.R.H., Inc.			
Box 312, Otis, Kansas 67565			
Rooson(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Gas Trans from: Petroleum Energy, Inc.		
Recompletion Oil X	Add liquid Trans.		
Change in Ownership Casinghead Gas	Condensore Lease from: Navajo Tribe AS		
If change of ownership give name Petroleum Energy, IMC., Box 2121, Durango, CO 81302			
II. DESCRIPTION OF WELL AND LEASE    Well No.   Pool Name, Including F	ormation Kind of Lease 1 same No.		
	Operation		
	rgan Rock (Gas) XXXX FoderaXXXXX Agreement		
Unit Letter M: 660 Feet From The South Line and 660 Feet From The West			
Line of Section 28 Township 27N Range	19W . NMPM, San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL  Name of Authorized Transporter of CII or Condensate   Giant Refining Company  Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]	thorized Transporter of CII or Condensate X Address (Give address to which approved copy of this form is to be sent)  iant Refining Company Box 256, Farmington, NM 87499		
S.E.R.H., Inc.	Box 312, Otis, Kansas 67565		
If well produces oil or liquids, que location of tanks.  Unit Sec. Twp. Rae.  M 28 27 19	Is gas actually connected? When Yes 8/16/80		
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.	n		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
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.	APPROVED Stank 29 1985		
ny knowiedge and benef.	SUPERVISOR DISTINCT # :		
	TITLE		
This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deeper			
well, this form must be accompanied by a tabulation of the deviation of th			
(Title)  All sections of this form must be filled out completely for all able on new and recompleted wells.  Fill out calls for the filled out completely for all able on new and recompleted wells.			
(Date)	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.		