## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.

Company

Address

E 30th Farmington NM 87401

Resson(s) for living (Check proper box)

Ditter (Please explain)

| C.A. McAdams B DE Angel Peak Gallup State. Federal or Fee Fed 941- Location Unit Letter B: 795 Feet From The North Line and 1795 Feet From The East  | New Yell   | Change in Transporter of: |                     |  |                  |
|--|--|---------------------------|---------------------|--|------------------|
| Change of ownership give name and address of previous owner.  II. DESCRIPTION OF WELL AND LEASE  Lease Name  C.A. Mc Adams B  DE Angel Peak Gallup  Location  Unit Letter B: 195 Feet From The North Line and 1795 Feet From The East  Line of Section 28 Township 27N Range 10W NMFM. San Juan C  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  [Name of Authorized Transporter of Casinghead Gas C of Off Casing Address (Give address to which approved topy of this form is to be sent Name of Authorized Transporter of Casinghead Gas C of Off Casing Address (Give address to which approved topy of this form is to be sent Name of Authorized Transporter of Casinghead Gas C of Off Casing Address (Give address to which approved topy of this form is to be sent Name of Authorized Transporter of Casinghead Gas C of Off Casing Address (Give address to which approved topy of this form is to be sent Name of Authorized Transporter of Casinghead Gas C of Off Casing Address (Give address to which approved topy of this form is to be sent Name of Authorized Transporter of Casinghead Gas C of Off Casing Address (Give address to which approved topy of this form is to be sent Name of Authorized Transporter of Casinghead Gas C of Off Casing Address (Give address to which approved topy of this form is to be sent Name of Authorized Transporter of Casinghead Gas C of Off Casing Address (Give address to which approved topy of this form is to be sent Name of Authorized Transporter of Casinghead Gas C of Off Casing Address (Give address to which approved topy of this form is to be sent Name of Authorized Transporter of Casinghead Gas C of Off Casing Address (Give address to which approved topy of this form is to be sent Name of Authorized Transporter of Casinghead Gas C of Off Casing | Recompletion   | 011                       | Dry Gos             | A STATE OF THE STA |                  |
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| linit Sec. Twd. 'Rge. Is gas actually connected?' when   |  | Inu Sec. Twp. Rge.        | Is gas actually con | nnected? When  | <u> </u>         |
| give location of tanks.  B 28 2711 100 No  | if well produces oil or liquids.   |                           | No.                 | i  |                  |
| If this production is commingled with that from any other lease or pool, give commingling order number:  |  |                           |                     | order number   |                  |

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

## VI. CERTIFICATE OF COMPLIANCE

I 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.

| BIShaw            |
|-------------------|
| (Signature)       |
| - Adm. Supervisor |
| (tille)           |
| October 11 1988   |
| (Date)            |

| OIL | CONSERV | (ATION | DIVISION |
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BY SUPERVISION 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 deepended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. U. 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 filled for each pool in multiply completed wells.