

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DEC 08 1988

OIL CON. DIV
DIST. 3

I. Operator Tiffany Gas Co.

Address P.O. Box 50, Farmington, NM 87499

Reason(s) for filling (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter oil:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner Amoco Production Co., 501 Airport Drive, Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lessee Name <u>USG 18</u>	Well No. <u>47</u>	Pool Name, including Formation <u>Hogback Pennsylvanian</u>	Kind of Lease <u>State, Federal or Fee Indian</u>	Lease No. <u>I-89-IND-58</u>
Location				
Unit Letter <u>8 K</u>	<u>1505</u> Feet From The <u>South</u> Line and <u>1690</u> Feet From The <u>West</u>			
Line of Section <u>18</u>	Township <u>29N</u>	Range <u>16W</u>	NMPM <u>San Juan</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corp.</u>	<u>P.O. Box 1702, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>To be vented</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>G 18 29N 16W</u>
	Is gas actually connected? When

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.

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.

Sean C. Burr
(Signature)
Production Supervisor
(Title)
12/06/88
(Date)

OIL CONSERVATION DIVISION

DEC 08 1988

APPROVED _____
BY _____
TITLE _____
SUPERVISOR DISTRICT _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
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.
Separate Forms C-104 must be filled for each pool in multiply completed wells.