

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

**RECEIVED**  
APR 29 1987  
OIL CON. DIV.  
DIST. 3

I. Operator Orville Slaughter  
Address 2626 Adams Street; Denver, CO 80205  
Reason(s) for filing (Check proper box) Other (Please explain)

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

If change of ownership give name and address of previous owner N/A

II. DESCRIPTION OF WELL AND LEASE

|  |                      |   |   |                               |
|--|----------------------|---|---|-------------------------------|
| Lease Name<br><u>Sangre De Cristo</u>  | Well No.<br><u>1</u> | Pool Name, including Formation<br><u>Oswell Farmington Pool</u> | Kind of Lease<br>State, Federal or Fee <u>Federal</u> | Lease No.<br><u>SF043260A</u> |
| Location<br>Unit Letter <u>D</u> ; <u>1055</u> Feet From The <u>North</u> Line and <u>165</u> Feet From The <u>West</u><br>Line of Section <u>34</u> Township <u>30N</u> Range <u>11W</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"/><br><u>Inland Corporation</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 1528; Farmington, NM 87499</u> |                    |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>El Paso</u>    | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 990; Farmington, NM 87499</u>  |                    |
| If well produces oil or liquids, give location of tanks.  | Unit<br><u>34</u>  | Sec.<br><u>30N</u> |
|   | Twp.<br><u>11W</u>   | Rge.<br><u>Yes</u> |
|   | Is gas actually connected? <u>When</u><br><u>January 1970</u>  |                    |

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.

Orville Slaughter  
(Signature)  
Operator  
(Title)  
April 28, 1987  
(Date)

OIL CONSERVATION DIVISION  
APR 29 1987  
APPROVED \_\_\_\_\_  
BY Frank J. Quisenberry  
TITLE SUPERVISOR 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 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 filed for each pool in multiply completed wells.