STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

10. 20 15. WE MEETINGS			·	
DISTRIBUTE				
SANTA PE		Г		
FILE				
U.S.O.A.				
LAND OFFICE				
TRAMSPORTER	ON.			
	0 A8			
OPERATOR .				
PRORATION 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

PROMATION OFFICE					•			
Longraph of the second	AUTHORI	ZATION	TO TRANS	PORT OIL A	ND NATL	JRAL GAS		
Operator							or and the second of	2.00
Carl B. Brown					· · · · · · · · · · · · · · · · · · ·	د ایند پیدواژهای در دورو از استان سی متولو به را در	and the second s	
Address								
5708 Country Club Or	ive, Far	rmingto	n, New I	Mexico 87	401	-M F A	BINE	-
Reeson(s) for filing (Check proper box)	* 15				her (Pleas	e explain		
New Yell	Change is	Tromsporter	of:	1	•	UN	in the second of	
Recompletion	on	• .		ry Gas		JAN	071985.	<u></u>
X Change in Ownership	Cosin	ghead Cas		andensate.			an an Albania. Ann an Albania	
						— Oil C(JAI DIA	
If change of ownership give name and address of previous owner	B!	MINS Com	: nanv	(Defunc	:+)) D:	3 7	
and socress of previous owner	<u></u>	AND COM	<u></u>	(2020.0				
II. DESCRIPTION OF WELL AND LE	ASE					e.		
Lease Name	Well No.	Pool Name,				Kind of Lease	D	Lease No.
Waggoner	1 1	Fu	ıcner K	utz P.C.		State, Federal or F	•• ree	
Location				•		'		
Unit Letter / : 2100	Feet From	Sou	th ,,	1670 mag	-	Feet From The	West	المراث والمستدر
						-		
Line of Section 29 Township	P .	30 N	Range	12W	, NMPN	san Juan	-	County
							· · · · · · · · · · · · · · · · · · ·	
III. DESIGNATION OF TRANSPORT	TER OF O	IL AND I	NATURA:	L GAS				
Name of Authorized Transporter of OII	or Cor	ndensate [ברי היים בריים בריים בריים בריים בר	Address (Giv	e address	to which approved co	py of this form is	to be sent/
· NA·								_
Name of Authorized Transporter of Casinghe	rad Cas 🔲	or Dry C	Cas 🗀	Address (Civ	e address	to which approved co	py of this form is	10 be sent/
Domestic Use only							•••	
If well produces oil or liquids, Uni	Sec.	1 Twp.	Rgs.	la gas octual	ly connect	ed? When		
give location of tanks.			•	Yes.		. 1	• -	ومسروب
If this production is commingled with the	at from any	other less	se or pool.	give comming	ding ards	r number		
			-	5	, and			
NOTE: Complete Parts IV and V on	reverse sid	de if neces	sary. 🗀		•		•	
THE CENTER ATE OF COMPLANCE		* * ••		1	טוו ר	ONSERVATION	DIVICION	
VI. CERTIFICATE OF COMPLIANCE				li			1025	
I hereby certify that the rules and regulations of				APPROVE	ED	JAN U	7 1985	19
been complied with and that the information giv	n is true and	l complete to	the best of	~			•	, , ,
my knowledge and belief.				BY				
				TITLE				-
<u> </u>				''' == -				
Elsh.				This i	form is to	be filed in compl	lance with RUL	E 1104.
(Signature)				If this	is a req	uest for allowable	for a newly drill	ed or deepened
(orfaction)				well, this tests taken	form must	t be accompanied be well in accordance	by a tabulation of with Rule 11	of the deviation 1.
(Tule)	 -			H		this form must be		
(i ute)						completed wells.		
/Daval				Fi11 o	ut only	Sections 1, II, III,	and VI for cha	tres of owner,
(Date)				i E		r, or transporter, or		
				11 24027	HE FORES	 C-104 must be ! 	THER IDS OF THE	coi in multinie