STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

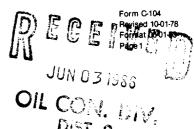
Sr. Regulatory Analyst

(Date)

May 27, 1986

NO. OF COPIES RE	CEIVED	
DISTRIBUTION	N	
SANTA FE		
FILE		L
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFIC	E	

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



TRANSPORTER	GAS	REQUEST FOR ALLOWABLE AND			DIST. 3		
OPERATOR PRORATION OFFICE		ALITHODIZ	AN ATION TO TRANSP		JRAL GAS	· · · · · ·	
PRORATION OFFICE		AUTHORIZ	ATION TO THE WOLL				
Operator							
	o Oil Company	/					
Address	<u> </u>						
P.O. Bo	ox 3249, Engl	lewood, CO	80155				
Reason(s) for filling (Check proper box)				Other (Please explain)			
New Well Change in Transporter of:			Pool Change				
Recompletion	· · · · · · · · · · · · · · · · · · ·			Poor Change			
Change in Ownersh	hip Casingl	head Gas	Condensate				
If change of ownership g and address of previous	give name s owner		<u> </u>				
II. DESCRIPTION	OF WELL AND LE	ASE Well No.	Pool Name, Including Forma	tion	Kind of Lease	USA	Lease No.
Lease Name Florar	000	5A			State, Federal or Fee	SF	080003
							1
Location		860	Nor	th Line and	1510	Feet From The	est
Unit Letter	:		Feet From The	_ -			
	22	Township	30N	Range 9W	, NMPM,	San Juan	County
Line of Section							
III DESIGNATION	N OF TRANSPORT	ER OF OIL AN	ID NATURAL GAS		high arranged copy of this	form is to be sent)	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate or Condensate			Address (Give address to which approved copy of this form is to be sent) A Invenness Ct Fast Fnglewood CO 80112				
daly Life dy corp.			4 Inverness Ct. East, Englewood, CO 80112 Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Gk						
El Paso Natural Gas Co. P.O. Box 4990, Farmington, NM 87499 Italia Isaa actually connected?							
tr	iquide	Unit Sec.	Twp. Rge. 2 30N 9W	Yes	i I	6/25/85	
ff well produces oil or lie give location of tanks.		C 2		1		3/ 25/ 55	
If this production is com	mingled with that from any	other lease or pool, g	ive commingling order number				-
NOTE: Complete	e Parts IV and V on	n reverse side i	if necessary.				a 100C
VI. CERTIFICATE	E OF COMPLIANC	E		APPROVED	OIL CONSERVAT	TON DIVIBION	3 1986
I hereby certify that the with and that the inform	rules and regulations of the mation given is true and c	he Oil Conservation omplete to the best	Division have been complied of my knowledge and belief.				
0				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 walls.

Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

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