

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OIL CON. DIV.
DIST. 3

I. Operator Max D. Webb

Address Box 190, Farmington, NM 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Quinn Co. Petroleum, Inc. Engineering Production Services, Inc., Box 190, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State 36</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>35N Dakota</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>V-81</u>
Location Unit Letter <u>B</u> : <u>270</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>East</u>				
Line of Section <u>36</u> Township <u>30N</u> Range <u>14W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Giant Refining Company</u>	<u>Box 9156, Phoenix, Arizona 85068</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas</u>	<u>Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.
<u>B</u>	<u>36 30N 14W</u>
Is gas actually connected?	When
<u>yes</u>	<u>2/12/79</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

[Signature]
(Signature)
Agent
(Title)
January 28, 1988
(Date)

OIL CONSERVATION DIVISION

FEB 9 1988

APPROVED _____, 19____
BY [Signature]
TITLE 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 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.