STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** 412* *42	****		
DISTRIBUTI	04	\vdash	T
SANTA PE			
FILE			
U.1.0.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION 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

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

REQUEST FOR ALLOWABLE AND

PROBATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATU	RAL GAS	OW.
<u>I.</u>	7	····		र्≱ के कि है
Operator			The state of the s	
HIGH PLAINS PETROLES	JM	···		
	Pouldor Colorado	80303		
3860 Carlock Drive - Reoson(s) for filing (Check proper box)	- Boulder, Colorado	Other (Please	e explain)	
New Well	Change in Transporter of:			
Recompletion		ry Gas		
Change in Ownership	Casinghead Gas C	ondensate		
If change of ownership give name and address of previous owner	ACE			
II. DESCRIPTION OF WELL AND LE	Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.
WESTERN FEDERAL	1 HORSESHOE GA	.T.T.11D	State, Federal or Fee Federa	al NM58917
Location	1 HOREBOHOB GA	IDDOL	Leveri	11
Jan 330	Feet From The South Lin	e and 2310	Feet From The East	
Unit Letter;;				
Line of Section 11 Township	30N Range 1	6W , NMPM	San Juan	County
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil VX MANCOS CORPORATION Name of Authorized Transporter of Casinghe	or Condensate	P.O. BOX 1320	- Farmington, New Me	exico 87499
If well produces oil or liquids, Unit		is gas actually connecte	ed? When	
give location of tanks. J	<u> </u>	No	<u> </u>	 _
If this production is commingled with the	t 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		OIL C	ONSERVATION DIVISION	^
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.		APPROVED	Frank J.	1986 wa
		TITLE	SUPERVISOI	R DISTRICT # \$
Λ ₀	`,	This form is to	be filed in compliance with	RULE 1104.
(Signature)	Whe	well, this form must	eat for allowable for a newly be accompanied by a tabulat well in accordance with RUL	tion of the deviation
Agent (Title)		All tections of	this form must be filled out c	
December 23rd, 19	986	able on new and rec		changes of amore
(Date)			ections I. II. III, and VI for , or transporter, or other such	