

OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JUN - 9 1987
OIL CON. DIV.
DIST. 3

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

I.

Company
Columbus Energy Corporation

Address
P.O. Box 2038, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter oil	Other (Please explain) CHANGE OF NAME OF TRANSPORTER
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Completed Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARNSTEIN 1E	Well No.	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Free Federal	Lease No.
Location Unit Letter <u>C</u> <u>1065</u> North <u>1791</u> West Foot From The _____ Line and _____ Foot From The _____				
Line of Section <u>18</u> Township <u>31N</u> Range <u>12W</u> <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 approval copy of this form is to be sent)
Giant Refining Company	P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Completed Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approval copy of this form is to be sent)
Sunterra Gas Gathering Company	P.O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Is this production commingled with that from any other lease or pool, give commingling order number
Unit Sec. Twp. Range	Yes
<u>C</u> <u>18</u> <u>31N</u> <u>12W</u>	

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.

Kay Eckstein
(Signature)
Engineering Technician
(Title)
05/27/87
(Date)

OIL CONSERVATION DIVISION
JUN - 9 1987

APPROVED _____ 19____
BY Bird J. Shum
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 110A.
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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES ORDERED	
DATE RECEIVED	
DATE PAID	
FILE	
CLASS.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-80
Formal 08-01-80
Page 1
RECEIVED
JUN - 9 1987
OIL CON. DIV.
DIST.

Company
Columbus Energy Corporation

Address
P.O. Box 2038, Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter oil	Other (Please explain) CHANGE OF NAME OF TRANSPORTER
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Commingled Gas <input type="checkbox"/> Condensate	

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name ARNSTEIN 1E	Well No.	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. Federal
Location Unit Letter: C	1065	North	1791	West
Line of Section 18	Township 31N	Range 12W	County San Juan	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Commingled Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Sunterra Gas Gathering Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Is gas actually commingled? Yes
Unit: C	Section: 18
Range: 12W	6/30/80

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.

CERTIFICATE OF COMPLIANCE

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.

Key Eckstein
(Signature)
Engineering Technician
(Title)
05/27/87
(Date)

OIL CONSERVATION DIVISION
JUN - 9 1987
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.