

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
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OPERATOR	
PRODUCTION OFFICE	

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

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OCT 17 1988  
OIL CONSERVATION DIVISION  
Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**A.P.A. Development Corporation**

Address  
**P.O. Box 215, Cortez, Colorado 81321**

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner Baystar Petroleum Corporation, P.O. Box 7379, Albuquerque, NM 87194

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Navajo "P"</b>	Well No. <b>12</b>	Pool Name, including Formation <b>Many Rocks Gallup</b>	Kind of Lease <b>Navajo</b> State, Federal or Fee <b>14-20-600-3540</b>	Lease No.
Location Unit Letter <b>I</b> : <b>810</b> Feet From The <b>East</b> Line and <b>1830</b> Feet From The <b>South</b> Line of Section <b>35</b> Township <b>32N</b> Range <b>17W</b> , NMPM, <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Ciniza Pipe Line, Inc. GIANT Recovery</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1887, Bloomfield, NM 87413</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>C 34 32N 17W</b>

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.

**Patricia B. Woolley**  
(Signature)  
**Operator**  
(Title)  
**10-12-88**  
(Date)

OIL CONSERVATION DIVISION  
OCT 17 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Burt D. Shaw**  
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.