

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

| 11740            |            |         |
|------------------|------------|---------|
| DISTRIBUTION     |            | 1       |
| SANTA FE         |            |         |
| FILE             |            |         |
| V.S.G.A.         |            |         |
| LAND OFFICE      |            |         |
| OIL              |            |         |
| GAB              |            |         |
| OPERATOR         |            |         |
| PRORATION OFFICE |            |         |
|                  | OIL<br>GAS | OIL GAR |

## 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

| <u>l.</u>  |   |  |  |
|--|---|--|--|
| Operator   |   |  |  |
| A.P.A. Development Corporation   |   |  |  |
| Address  |   |  |  |
| P.O. Box 215, Cortez, Colorado 81321   |   |  |  |
| Reason(s) for filing (Check proper box)  | Other (Please explain)  |  |  |
| New Well Change in Transporter of:   | ·   |  |  |
| Recompletion OII Dr  | y Gas   |  |  |
| Change in Ownership Casinghead Gas Co  | indensite   |  |  |
| If change of ownership give name Baystar Petroleum Corporation, P.O. Box 7379, Albuquerque, NM 87194   |   |  |  |
| II. DESCRIPTION OF WELL AND LEASE  |   |  |  |
| Lease Name Well No. Pool Name, including Fo  | Cacaa IIII  |  |  |
| Navajo "P" 7   Many Rocks G  | allup State, Federal or Fee 14-20-600-3540  |  |  |
| Location   |   |  |  |
| Unit Letter J : 1980 Feet From The East Line and 1980 Feet From The South  |   |  |  |
| Line of Section 35 Township 32N Range 17   | W , NMPM. San Juan County   |  |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil a or Condensate Cinizs Pipe Line, Inc.  Name of Authorized Transporter of Casinghedd Gas or Dry Gas | GAS Address (Give address to which approved copy of this form is to be sent) P.O. Box 1887, Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent) |  |  |
| If well produces oil or liquids, que location of tanks.  Unit Sec. Twp. Rgs.  C 34 32N 17W   | is gas actually connected? When   |  |  |
| 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  | OIL CONSERVATION DIVISION OCT 17 1988   |  |  |
| hereby certify that the rules and regulations of the Oil Conservation Division have  | APPROVED  |  |  |
| been complied with and that the information given is true and complete to the best of my knowledge and belief.   | BY 3.1) Can   |  |  |
|  | TITLE SUPERVISION DISTRICT # 3  |  |  |
| This form is to be filed in compliance with NULE 1104.   |   |  |  |
| Fature B Was les II this is a request for allowable for a newly drilled or dee   |   |  |  |
| (Signature)  | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.   |  |  |
| (Title)  | All sections of this form must be filled out completely for silow-<br>able on new and recompleted wells.  |  |  |