

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

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OCT 17 1988
OIL CON. DIV
DIST. 3

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)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate
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 <u>Navajo "PH"</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Many Rocks Gallup</u>	Kind of Lease <u>Navajo</u> State, Federal or Fee	Lease No. <u>14-20-600-3540</u>
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>1980</u> Line and <u>North</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>32N</u> Range <u>17W</u> , NMPM, <u>San Juan</u> 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"/> <u>Ciniza Pipe Line, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1887, Bloomfield, NM 87413</u>	
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 <u>C</u>	Sec. <u>34</u>
	Twp. <u>32N</u>	Rgs. <u>17W</u>
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

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.

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

OIL CONSERVATION DIVISION

OCT 17 1988

APPROVED _____, 19____
BY Barry J. Shaw
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable (or 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.