

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator James P. Woosley

Address P.O. Drawer 1480 Cortez, Colo 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 checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>NAVAJO AA</u>	Well No. <u>19</u>	Pool Name, including Formation <u>NORTH MARY ROCKS LOWER GALLUP</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>14-20 603 585</u>
Location				
Unit Letter <u>B</u> : <u>600</u> Feet From The <u>NORTH</u> Line and <u>2105</u> Feet From The <u>EAST</u>				
Line of Section <u>19</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>Giant Refinery</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 256 Farmington NM 87401</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	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>B</u>	Sec. <u>19</u>
	Twp. <u>32N</u>	Rge. <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.

James P. Woosley
(Signature)
Operator
(Title)
Aug 29 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 29 1988
Original Signed by CHARLES OHOLSON

BY _____
DEPUTY OIL & GAS INSPECTOR, DIST. #3

TITLE _____

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.