STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	-		
DISTRIBUTE			
SANTA PE			
FILE		_	
U.8.0.8.			
LAND OFFICE			_
THANSPORTER	OIL		_
	GAS		
OPERATOR		_	
PROBATION OFF	ICE		_

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

Revised 10-01-78 Format 06-01-83

Form C-104

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.

REQUEST FOR ALLOWABLE AND ALITHORIZATION TO TRANSPORT OF

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	15 ST		P		.* ·	* ***	P
	0(77	. 157 di	l di	6.3		

I.	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS	OIL CON. D.V.		
Operator A D A Dozenii A D A D A D A D A D A D A D A D A D A			\ Di51. 3		
A.P.A. Development Corpo	ration				
P.O. Box 215, Cortez, Co	Jorado 81321				
Reason(s) for filing (Check proper box)	101au0 01)21	Other (Please explain)			
New Well	Change in Transporter of:				
Accompletion X Change in Ownership		ry Gas			
		ondensate			
If change of ownership give name Bay	star Petroleum Cornor	eation, P.O. Box 7379, Albud	174 Oct of		
and sudress of previous owner	- 001 0101010 001 por	action, 1.0. Box 7579, Albud	querque, NM 87194		
II. DESCRIPTION OF WELL AND L					
Lease Name	Weil No. Pool Name, Including F	1,111			
Navajo "P"	17 Many Rocks Ga	1] up State, Federal or Fe	• 14-20-600-3540		
P 222	To Fire made	2222			
Unit Letter 5 : 330	Feet From The West Lin	e and 2309 Feet From The	North		
Line of Section 35 Townshi	P 32N Range 7	7W . NMPM. San Juan	County		
			County		
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	. GAS			
Cii - Di		Address (Give address to which approved co			
Name of Authorized Transporter of Casinghe	ead Gas or Dry Gas	P.O. Box 1887, Bloomfield, Address (Give address to which approved con	NM 87413		
	J		by of this form is to be sent;		
If well produces oil or liquids, Uni	I Sec. Twp. Rgs.	is gas actually connected? When			
give location of tanks.	C : 34 32N : 17W				
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		
hereby certify that the rules and regulations of	the Oil Conservation Division have	APPROVED OCT 17 198	38 18		
peen complied with and that the information given who wiedge and belief.	7 1				
		BY	/		
o		TITLE SUPERVISION DIST	1- OT # 3		
With the		This form is to be filed in compli-	ence with mut # 1104.		
Signatural	Town	If this is a request for silowable f	or a negrity delited on december		
() perat		well, this form must be accompanied by tests taken on the well in accordance	y a tabulation of the devices on		
(Title)		All sections of this form must be f			
<i>i</i> 1 ~ .		able on new and recompleted wells.	•		