## STATE OF NEW MEXICO

THEFILE AND MINERALS DEPARTMENT

| CILTRIBUTION     |     |  |  |
|------------------|-----|--|--|
| 14474 FE         |     |  |  |
| FILE             |     |  |  |
| U.S.O.d.         |     |  |  |
| LAND OFFICE      |     |  |  |
| TRANSPORTER      | UIL |  |  |
|                  | GAS |  |  |
| OPPEATOR         |     |  |  |
| PHOLATION OFFICE |     |  |  |

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

Form C 104 Revised 10 01-78 Format 0G-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multip completed wells.

## REQUEST FOR ALLOWABLE

| PHONATION OFFICE   | AUTHOR  |   | IND<br>PORT OIL AND NATU  | RAL GAS  |                       |  |  |
|--|---|---|---|--|-----------------------|--|--|
| Russell Tranell  | بن <u>بونا دارا کوبرای و با دی و دی کار ب</u> | <del></del>   |   |  |                       |  |  |
| ACCIOCE.   |   |   |   |  |                       |  |  |
| c/o Oil Reports & Ga   |   | , Inc., Box 75  |   |  |                       |  |  |
| The surprise saling of each proper be  |   | Change in Transporter of: Franking 1/2/05   |   |  |                       |  |  |
| Hecompletion   | 011   | m   Mileculve 4/1/0)  |   |  |                       |  |  |
| X Change in Ownership  | Castr   | ngheed Gas C  | ondensate   |  |                       |  |  |
| If change of ownership give name<br>and address of previous owner  | Tenneco Oi                                    | 1 Co., 7990 I.  | H. 10 West, San   | Antonio, Texas 782   | 30                    |  |  |
| II. DECCRIPTION OF WELL A  |   |   |   |  |                       |  |  |
| Leuse Nome   | 1   | Well No. Pool Name, Including Formution   |   | Kind of Lease  | Lease :               |  |  |
| nesa Queen Unit  | 1 1/  | 17 Mesa Queen Associated  |   | State, Federal or Fee St   | ate K-867             |  |  |
|  | 30 Feet From                                  | n The South   | ne and 990  | Feet From The West   |                       |  |  |
|  |   |   |   |  |                       |  |  |
| Line of fection 17 T   | e-mehip 16 S                                  | Manga 32  | PE , NMPN   | . Lea  | Count                 |  |  |
| Navajo Refining Company  Navajo Refining Company  Name of Acthorised Transporter of Casinghead Gas or Dry Gas None - Gas TSTM  |   | Address (Cive address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210  Address (Cive address to which approved copy of this form is to be sent) |   |  |                       |  |  |
| if well produces oil or liquide,   | Unit Sec.                                     | Twp. Rge. 32E   | No No   | ed? When   |                       |  |  |
| this production is commingled w  | ith that from an                              | y other lesse or pool,  | give commingling order  | r number:  |                       |  |  |
| NOTE: Complete Parts IV and  | V on reverse si                               | de if necessary.  |   |  |                       |  |  |
| VI. CERTIFICATE OF COMPLIANCE  certify certify that the rules and regulations of the Oil Conservation Division have to complied with and that the information given is true and complete to the best of the lowledge and belief. |   | OIL CONSERVATION DIVISION   |   |  |                       |  |  |
|  |   | APPROVED, 18  |   |  |                       |  |  |
|  |   | BY ORIGINAL SIGNED BY JERRY SEXPON DISTRICT I SUPERVISOR  |   |  |                       |  |  |
|  |   | •   | TITLE   | - I JOI LAVISOR  |                       |  |  |
| 10 11 11   |   | This form is to be filed in compliance with RULE 1104.  |   |  |                       |  |  |
| Agent  | alve)   |   | well, this form must  | est for allowable for a new<br>be accompanied by a tabul<br>well in accordance with au | lation of the deviat. |  |  |
| (Tute)<br>5/14/85  |   |   | All sections of this form must be filled out completely for alloable on new and recompleted wells.                                      |  |                       |  |  |
| (Date)   |   |   | Fill out only Sections 3, II, III, and VI for changes of own-<br>well name or number, or transporter, or other such change of condition |  |                       |  |  |