

AC. 1. 1. OTHER RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	C.L. OAS
OPERATOR	
PROBATION OFFICE	

P. O. BOX 2088

Form C-104
Revised 10-01-78
Format G6-01-83
Page 1

I.

Operator

Appendix

Reason(s) for filing (Check proper box)

Other (Please explain)

☐ New Well

Change in Transporter of:

Recompletion

Q11

☐ Dry Gas

☒ Change in Ownership

☐ Casinghead Gas

Condensate

II. DESCRIPTION OF WELL AND LEASE

Lease Name State of	Well No. 3	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Lease No. 808808
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>E</u>				
Line of Section <u>25</u> Township <u>7S</u> Range <u>33E</u> , NMPM, <u>Roosevelt</u> County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipeline					P.O. Box 900 Dallas, Texas 75221					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
					C	25	7S	33E	No	

NOTE: Complete Parts IV and V on reverse side if necessary.

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.

Carmie Willyard
(Signature)

Secretary

(Title)

1-20-87

(Date)

APPROVED JAN 26 1987 19

BY ~~ORIGINAL SIGNED BY JERRY SEXTON~~

TITLE DISTRICT 1 SUPERVISOR

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 III.

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.