STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE		П	
FILE			
U.S.G.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	g As		
OPERATOR			
PROBATION 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

Separate Forms C-104 must be filed for each pool in multiply

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator Dural and American Transfer of the Principles of the Prin			
Circle Ridge Production Inc.			
c/o Oil Reports & Gas Services, Inc., P. O. Bo			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Effective 11/1/86		
KX Change in Ownership Casinghead Gas C	Condens at a		
If change of ownership give name Great Western Drilling C	Company P. O. Box 1659, Midland, Texas 79701		
II. DESCRIPTION OF WELL AND LEASE	. NM-02509		
Lease Name Well No. Pool Name, Including F	↓		
Rock Queen Unit Sec. 27 3 Caprock Queen	State, Federal or Fee Federal Above		
Unit Letter C: 660 Feet From The North Line of Section 27 Township 13S Range 3	ne and 1980 Feet From The West SIE , NMPM, Chaves County		
Line of Section 27 Township 13S Range 3	one of the original o		
Name of Authorized Transporter of Oil Company Name of Authorized Transporter of Casinghead Gas or Dry Gas	LGAS Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88241 Address (Give address to which approved copy of this form is to be sent)		
Unit Sec. Twp. Rge.	is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	i.		
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		
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	APPROVED		
my knowledge and belief.	ORIGINAL SIGNED BY JERRY FEXTON		
	TITLE DISTRICT SUPERVISOR		
10 11 10	This form is to be filed in compliance with RULE 1104.		
Signalure)	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.		
Agent (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
11/13/86 (Date)	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.		

completed wells.