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- STATE OF NEW MEXICO		•	• • •			
NERGY AND MINERALS DEPARITMENT	T				Form C-104 Revised 10-01-78	•
	•				Format 06-01-83	
DISTRIBUTION	OIL CO		TION DIVISIO		Page 1	
FANTA PE		P. O. BO				
U.S.O.S.	SANT	A FE, NEW	MEXICO 87501			
LAND OFFICE						
TRANSPORTER DIL	D	FOUEST FOR	ALLOWABLE			
OPENATOA	n n		ND	•		
PROMATION OFFICE	AUTHORIZATION	TO TRANSP	ORT DIL AND NATU	IRAL GAS	· •	
Operator						
Asher Oil Company	n1					
Address		in out	61			N.
P D Box 4d 3 Hr.	lesiz 11.V	<u>h 882</u>	Other (Pleps		2	
Reason(s) for filing (Check proper box)	/ _		office	Je 4-1-8/7 6	add Suid	te
New Well	Change in Transpor		Y Gas (5), 1		Λ	
Recompletion	011	75	ondensate 2W.L	7 , 7	lease man	met
Change in Ownership	Casinghead Ga				\sim	\nearrow
f change of ownership give name	. D)	L. C.	100	Jan Texas	11 Themas and 1	
nd address of previous owner	Moro Produc	4:00 (00	100 r	STEN KENT		
			сц _{. 1}			
I. DESCRIPTION OF WELL AND	Well No. Ppol Nat	me, including F	ormation	Kind of Lease	5-10 0	Leose No.
Lease Nome		i D		State, Federal or Fe	J1410	6-454
+1Arris 5-14 (J.W. 1)		Nor C			1 <i>L</i>	
Location Al	.0	1.1	1980	Feel From The	Jogt	
Unit Letter N : Lele	Feel From The	BUTK Lin	$e \text{ and } (0)^{$			
29	12-5	Range	34-5 , NMP	m. Leq		County
Line of Section () [To	wnship	Range	<u></u>			
	NOTITI OF OF AN	D NATTIRAL	GAS			
III, DESIGNATION OF TRANSI Name of Authorized Transporter of Oil	or Condensal	•	Address (Give address	to which approved cop	oy of this form is to be	sentj
Name of Authorized Trailsporter of Off						
Name of Authorized Transporter of Ca	singhead Gas or D	IY Gas	Address (Give address	to which approved cop	by of this form is to be	sentj
Name of Authorized Transporter of Co.			4 A			
	Unit Sec. Tw	p. Rge.	Is gas actually connec	ued? When		•
If well produces oil or liquida,				l		
give location of tanks.			aive comminating ord	er number:	•	
If this production is commingied wi	ith that from any other	lease or pool,	RIAE COMMUNETIRINE OIG	•••••••••••		

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

VI. CERTIFICATE OF COMPLIANCE

 $M_{\rm even} = 1000$

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.

Keim prov
(Signature)
Operating Vartner
- (Tule)
) 2601
(Date)
· · ·

OIL CONSERVATION DIVISION

APPROVED	JUN 1 1 1987-	; 19
BY	Orig. Signed by	
	Paul Kautz	
TITLE	Geologist	

This form is to be filed in compliance with RULE 1104.

If this is a request for sllowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such changes 31 EMBILL

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

