Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Habbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Astesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address Drawer D. Monument, New Mexico 88265	Amerada Hoss Connonat	ion						1	API No.			
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Lase Name Bik. 3 September Company	If change of operator give same and address of previous operator						······································					
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Location	Lease Name Blk. 3			Pool N	ame, Includ	line Formation		Visit		 :		
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Section 17 Township 19S Range 37E NMPM. Lea County		: 330						30	eet From The		-	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	Section 17 Townsh	i p 199	S	Range	37	F N	A/DA/		_	1		
Address (Give address to which approved copy of this form is to be seed) 1670 Broad May, Denver Co 80202 Notes of Authorists (Tresponser of Casingheed Gas X or Dry Cas Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to be seed) Address (Give address to which approved copy of this form is to b	III DECICNATION OF TRAI	Nonone					VII IVI			Lea	County	
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5: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes. 4) Separate Form C-104 must be filed for each pool in multiply completed wells.