

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

RECEIVED

FEB 01 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
OFFICE

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DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
REGISTRATION OFFICE		

Operator Trinity University & Closuit ✓

Address P.O. Box 6A Loco Hills, N.M. 88255

Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinhead Gas <input type="checkbox"/> Condensate	
<input type="checkbox"/> Recompletion		
<input checked="" type="checkbox"/> Change in Ownership		

change of ownership give name and address of previous owner Murchison & Closuit P-1 Suite E Fort Worth Club Tower Fort Worth, Texas 70902

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "B"</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Grayburg - Jackson SR-Q-G SA</u>	Kind of Lease <u>State</u> , Federal or Fee	Lease No. <u>B-2613</u>
Location Unit Letter <u>I</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipe Line</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528 Hobbs, N.M. 88240</u>	
Name of Authorized Transporter of Casinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1959 Midland, Texas 79702</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>16</u> Twp. <u>17S</u> Rge. <u>31E</u>	Is gas actually connected? <u>Yes</u> When <u>Post ID-3</u>

this production is commingled with that from any other lease or pool, give commingling order number: 2-26-88  
chg up

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

I. CERTIFICATE OF COMPLIANCE

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.

[Signature]  
(Signature)

Agent  
(Title)  
1-29-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 24 1988, 19\_\_\_\_  
BY Original Signed By Mike Williams  
TITLE Oil & Gas Inspector

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 111.  
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.