

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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FEB 01 '88

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Superior Foster</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Fren - SR</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>57523</u>
Location Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>455</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

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 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) <u>Post ID-3</u> <u>3-56-88</u> <u>chz ep</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>I</u> <u>17</u> <u>17S</u> <u>31E</u> <u>No</u> <u>3-56-88</u>

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.

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.

2 E Hg  
(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.