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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTO. C. D.  
ARTESIA, OFFICEForm C-104  
Revised 10-01-78  
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Page 1

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	
FORMATION OFFICE	

I. Operator  
Premier Production Company ✓

Address  
P. O. Box 1246, Artesia, NM 88210

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner Southland Royalty Company

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Dale H. Parke "A" Tr 1	11	Grayburg-Jackson (SR, O, G, SA)	State, Federal or Fee Federal	NM046793
Location				
Unit Letter 0 : 990 Feet From The South Line and 2310 Feet From The East				
Line of Section 15 Township 17-S Range 30-E, NMPM, Eddy County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

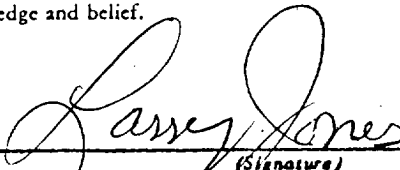
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline	P.O. Box 2528, Hobbs, NM 88241
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Continental Oil Co.	P.O. Box 460, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
A 22 17-S 30-E	YES

If this production is commingled with that from any other lease or pool, give commingling order number: POST 10-3

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

## VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
owner/operator  
(Title)  
7/1 /89  
(Date)

OIL CONSERVATION DIVISION  
JUL 21 1989  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY  
MIKE WILLIAMS  
TITLE SUPERVISOR, DISTRICT IV

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.