

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 200
SANTA FE, NEW MEXICO 87501

Form 10
Form 11
Form 12
Form 13

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Point Petroleum Corporation ✓

Address
P.O. Box 3805, Midland, Texas 79702

Reason(s) for filing (Check proper box)

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

1-1-85

If change of ownership give name and address of previous owner Marhob Energy Corporation, P.O. Drawer 217, Artesia NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Nickson A</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Shugart (Y.SR.Q.G.)</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>LC064433</u>
Location				
Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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"/> <u>Texas New Mexico Pipeline Cities Service</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510, Midland, Texas 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 6666, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>D</u> <u>4</u> <u>19S</u> <u>31E</u>	<u>Yes</u> <u>3-21-61</u>

If 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.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the regulations of the Oil and Gas Division have been complied with and to the best of my knowledge and belief.

Steve Sel President
January 1

OIL CONSERVATION DIVISION
JAN 30 1984

APPROVED _____, 19____
BY Leslie A. Clements
TITLE Supervisor District II

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, transporter, or other such change of condition.

For each well, fill out one form for each pool in multiple