

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	
	GAS <input checked="" type="checkbox"/>	
OPERATOR		
PRODUCTION OFFICE		

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Santa Fe Exploration Company

Address  
P. O. Box 1136, Roswell, NM 88202-1136

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☒ Dry Gas  
☐ Condensate

Other (Please explain)  
Effective 2-1-87

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Exxon State Com.	Well No. 1	Pool Name, including Formation Cemetery Morrow	Kind of Lease State, Federal or Fee State	Lease No. V-391
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>20S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Hudson Gas Systems, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Hudson Gas Systems, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 26770, Oklahoma City, OK 73126</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>2</u> Twp. <u>20S</u> Rge. <u>25E</u>	Is gas actually connected? <u>yes</u> When <u>3-25-83</u> <u>Past ID</u> <u>2-13-8</u> <u>CHS GTE</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 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.

Sherene R. Schmitt  
(Signature)  
Production Clerk  
(Title)  
February 1, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 12 1987, 19  
Original Signed By  
BY For 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, 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.

