STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
OPERATOR		
PRORATION OFFICE		1

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

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

DECLIEST FOR ALLOWARIE

TRANSPORTER	OIL	 				REQU	EST FO	R ALLOV	VABLE	-				
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.O. Box 3249 Reason(s) for filing (Che), <u>E</u> l	ud Temood		<u>9013</u>	<u> </u>				Other (Please e	xplain)	DI	ST. 3	-1	ĺ
	sck prop			. 6.										
New Well		Change in Ti	ansporter	J1.	١	Dry G	45							
Recompletion		L Oil			آ.	Conde							_	
Change in Ownerst	hip	Casing	head Gas		X	Conde			. I					
	-1				_				D 400	0 Faun		NIM R7	400	
If change of ownership g and address of previous	jive nan s owner	El I	<u>aso N</u>	atur	al	<u>Gas C</u>	ombani	<u>, P.O</u>	. Box 499	U, Farii	Tuðrar	1, WI DZ	7.7.7	
II. DESCRIPTION	OF V	VELL AND L	EASE				luding Form	ation		Kind of Lea	se			Lease No.
Lease Name			We	No.			luding Form			State, Fede		USA		078840
3J 28-7 Unit				13	So	. Bla	nco-P(3				SF		070040
Location										5				
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Unit Letter														0
Line of Section	19		Townsh	nip	27	/N		Range	7W		, NMPM,	Rio Arr	i ba	County
Lille of Section	_13_													
III. DESIGNATION	V OF	TRANSPORT	rer of	OIL A	ND I	NATURA	L GAS				of this i	larm in to be ser	-ti	
Name of Authorized Tra	insporte	r of Oil 🗆 or Co	ndensate 🔾	,				Address	(Give address to wh	nich approved c	opy or trus i	Offit is to be set		
ļ			^	•				P.O.	Box 460,	Hobbs.	NM 8	8240		
Name of Authorized Tra	SULT	face Tran or of Casinghead G	as G or D	ry Gas				Address	(Give address to wi	hich approved c	opy of this i	rorm is to be sei	11)	
,					`			PO.	Box 4990	Farmi	naton	NM 874	199	
l Paso Natu	ral	Gas Comp	a ny –	Sec.		Twp.	Rge.	is gas a	ctually connected?	7	When	•		į.
If well produces oil or li	iquids,		1						Von		1			
give location of tanks.			i K	_i <u>19</u> _	اــــــــــــــــــــــــــــــــــ	1.27N	<u> </u>		Yes					
If this production is com	ımingled	with that from any	other lease	or pool,	give co	ommingling	order numb	er						
NOTE: Complete	o Dari	e IV and V o	n revers	e side	if ne	ecessar	٧.							
NOTE: Complete	; ran	3 / 4 4/10 + 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
VI. CERTIFICATE	= OE	COMPLIANO	`F					11		OIL CON	SERVAT	ION DIVISI	ON	-
I hereby certify that the	_ 01	-descriptions of	the Oil Con	servation	n Divis	ion have be	en complie	d APPI	ROVED	> ∩CT	- A2	1985 <u> </u>		, 19
I hereby certify that the with and that the information	rules a	nd regulations of diven is true and	complete to	the bes	t of m	y knowledg	e and belie	f.	5	<u> </u>)1900/		
With and that the inton	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•					BY) rank		Xaves/		
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	#	MIC	// `.											
LIO.	M	M=X	mu	9				_ This	form is to be filed	in compliance	with RULE	1104.		
		(Sig	nature)					lf ti	nis is a request for I by a tabulation of	allowable for a	newly drill	ed or deepened on the well in a	well, this ecordance	form must be accome with RULE 111.
Cm Da1 = 4-	- m.11	Analue+						panie	1 by a tabulation of	r trie deviation i	out comple	tely for allowable	e on new a	and recompleted walls
S <u>r. Regulato</u>	7 [X	LINGTA 2 C	(itle)	<u> </u>				AII	sections of this for	n myst be mied It ill and Vitor	channes of	owner, well nar	ne and or r	number, or transporter
		OCT	198	J				or ott	out only Section I, er such change of	condition.	C.Iu. ges of			
			Date)					Ser	arate Forms C-104	must be filed t	for each poo	ol in multiply co	mpleted w	rells.
		,-						11						