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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
KELLY H. BAXTER

Address
P. O. BOX 11193, MIDLAND, TEXAS 79702

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	
<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

Change of ownership give name and address of previous owner ROMADERO COMPANY, INC., P. O. BOX 430, ROSWELL, NEW MEXICO 88201

III. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Rob-Clay State</u>	Well No. <u>#1</u>	Pool Name, including Formation <u>East Caprock-Devonian</u>	Kind of Lease State, Federal or Fee	State <u>State</u>	Lease No. <u>B-9948-6</u>
Location Unit Letter <u>F</u> ; <u>1980'</u> Feet From The <u>WEST</u> Line and <u>1650'</u> Feet From The <u>NORTH</u>					
Line of Section <u>23</u> Township <u>12S</u> Range <u>32E</u> , NMPM, Lea County					

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

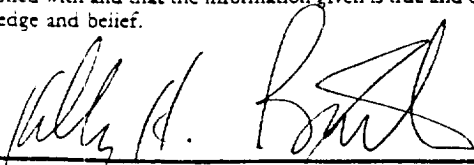
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Company</u>	<u>P. O. Drawer 159, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of 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)
<u>Warren Petroleum</u>	<u>Box 1589, Tulsa, Oklahoma 74102</u>
Does well produce oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>F</u> Sec. <u>23</u> Twp. <u>12S</u> Rge. <u>32E</u>	<u>NO</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.

V. 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.



KELLY H. BAXTER (Signature)

OWNER (Title)

12/10/86 (Date)

OIL CONSERVATION DIVISION

APPROVED JAN 13 1987, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

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.

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