

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Remuda Operating Company

Address
301 North Colorado, Suite 150, Midland, Tx. 79701

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain) Change Effective 11/01/86
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/>	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner: Transierra Exploration Corporation, 18004 Skypark Circle, Irvine Ca. 92714

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico State	Well No. 2	Pool Name, including Formation Cato (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K-3259
Location Unit Letter <u>F</u> : 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u>				
Line of Section <u>36</u> Township <u>7S</u> Range <u>30E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91 EOTT Energy Corp. Effective 1-1-93
Permian (Eff. 9/1/87)


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Gas <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Tx. 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>36</u> Twp. <u>7S</u> Rge. <u>30E</u>	Is gas actually connected? <input type="checkbox"/> When _____

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.


(Signature)

Agent
(Title)

10/30/86
(Date)

OIL CONSERVATION DIVISION
APR 23 1987

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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.