

APPROVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATE OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2028  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
Dwight A. Tipton  
Address  
c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, New Mexico 88241

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

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			Effective 10/1/84

If change of ownership give name and address of previous owner: Southland Royalty Company, 21 Desta Drive, Midland, TX 79701

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Robinson Unit Tract 1</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Maljamar (G-SA)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-016804</u>
Location Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1730</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>16-S</u> Range <u>32-E</u> , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 159, Artesia, NM 88210</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>4001 Penbrook, Odessa, TX 79762</u>	
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>31</u> Twp. <u>16S</u> Rgs. <u>32E</u>	Is gas actually connected? <u>Yes</u>	When <u>1/14/60</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.

I. CERTIFICATE OF COMPLIANCE

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.

Wanna Heller  
(Signature)  
Agent  
(Title)  
10/11/84  
(Date)

OIL CONSERVATION DIVISION  
**OCT 12 1984**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY BRATTON  
**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.