

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P. O. BOX 2028
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

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)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain) 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Robinson Unit Tract 1</u>	<u>3</u>	<u>Maljamar (G-SA)</u>	State, Federal or Fee <u>Federal</u>	<u>Above</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, <u>Lea</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Company</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>4001 Penbrook, Odessa, TX 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>M</u> Sec. <u>31</u> Twp. <u>16S</u> Rge. <u>32E</u>	<u>Yes</u> <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.

Wm. H. H. H.
(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.