

|                       |  |  |  |  |  |
|-----------------------|--|--|--|--|--|
| ON AT COMING DESIGNED |  |  |  |  |  |
| CONTRIBUTION          |  |  |  |  |  |
| SANTAFE               |  |  |  |  |  |
| FILE                  |  |  |  |  |  |
| U.S. C.I.B.           |  |  |  |  |  |
| LABOR OFFICE          |  |  |  |  |  |
| TRANSPORTER           |  |  |  |  |  |
|                       |  |  |  |  |  |
|                       |  |  |  |  |  |
| OPERATOR              |  |  |  |  |  |
| PRODUCTION OFFICE     |  |  |  |  |  |

**P. O. BOX 2088**

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

Operator  
Russell Traxell

c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

~~7. [unclear] [unclear] [unclear] [unclear] [unclear]~~

17 New York

### Re-completion

☒ Change in Ownership

**Change in Transporter of:**

☐ Oil

**Castinghead Gas**

**Dry Gun**

### Condensate

Other (Please explain)

Effective 4/1/85

If change of ownership give name and address of previous owner Tenneco Oil Co., 7990 I.H. 10 West, San Antonio, Texas 78230

|                               |                |   |  |       |                |
|-------------------------------|----------------|---|--|-------|----------------|
| Lease Name<br>Mesa Queen Unit | Well No.<br>12 | Pool Name, including Formation<br>Mesa Queen Associated | Kind of Lease<br>State, Federal or Fee | State | Lease<br>OG-60 |
|-------------------------------|----------------|---|--|-------|----------------|

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East  
Line of Section 17 Township 16 S Range 32 E , NMPM, Lea

|  |           |            |             |             |  |      |
|--|-----------|------------|-------------|-------------|--|------|
| 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) |      |
| Navajo Refining Company  |           |            |             |             | P. O. Box 159, Artesia, New Mexico 88210                                 |      |
| 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) |      |
| None - Gas TSTM  |           |            |             |             |  |      |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br>L | Sec.<br>16 | Twp.<br>16S | Rge.<br>32E | Is gas actually connected?<br>No   | 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.

and 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 knowledge and belief.

**Agent**

(T44)

5/14/85

(Date)

APPROVED \_\_\_\_\_ 10 \_\_\_\_\_

BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON

TITLE \_\_\_\_\_ DISTRICT 1 SUPERVISOR

**This form is to be filed in compliance with NULG 1104.**

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with NUG 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.