

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

I, Operator
Hillin-Simon Oil Company

Address
P. O. Box 1552, Midland, Texas 79702

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

New Well
 Recompletion
 Change in Ownership

Change in Transporter of:
 Oil
 Gas
 Casinthead Gas
 Dry Gas
 Condensate

If change of ownership give name and address of previous owner Martindale Petroleum Corp., Box 2403, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>CARRIE O. DAVIS</u>	Well No. <u>1</u>	Pool Name, including Formation <u>EAST HOBBS SAN ANDRES</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease 1
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Location

Unit Letter N : 660 Feet From The SOUTH Line and 2103 Feet From The WEST

Line of Section 29 Township 18S Range 39E , NMPM, LEA Cour

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Oil Co. Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2463, Houston, TX 77252</u>
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Nat. Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 5050, Bartlesville, OK 74005</u>

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? 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.

W. K. Finkbeiner W. K. Finkbeiner
(Signature)
Operations Manager, Hillin-Simon Oil Co.
(Title)
12-1-88
(Date)

OIL CONSERVATION DIVISION
DEC 19 1988
APPROVED _____, 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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit
Separate Forms C-104 must be filed for each pool in mult completed wells.