

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

Hillin-Simon Oil Company

Address

P. O. Box 1552, Midland, Texas 79702

Reason(s) for filing (Check proper box)

☐ New Well
☐ Recompletion
☒ Change in Ownership

Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

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>ROCKET - CAIN</u>	Well No. <u>2</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 M : 660 Feet From The SOUTH Line and 990 Feet From The WEST

Line of Section 30 Township 18 S Range 39 E , 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 Casinghead 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

APPROVED DEC 19 1988, 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 condi

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