REQUEST FOR ALLOWABLE O.S. O.S. OFFICE FRANSPORTER OIL FRANSPORTER OAS OPERATION PROBATION OFFICE Operator Culf Oil Corporation Address P. O. Box 670, Hobbs, N.M 88240 Reason(s) for filing (Check proper bos) New Well Change in Ownership Change in Ownership give name and address of previous owner If change of ownership give name and address of previous owner Lease Name West Pearl Queen Unit 109 Pearl Queen — Queen Location Unit Letter E: 1980 Feet From The North Line and 660 Feet From The West Line of Section 28 To show two gas transporters Kind of Lease State Lease No West Pearl Queen Unit Location Unit Letter E: 1980 Feet From The North Line and 660 Feet From The West Line of Section 28 Township 198 Range 35E NAME NAME NAME No. Pool Name, Including Formation State, Federal or Fee State Lease No Lease No Name Vest Line of Section 28 Township 198 Range 35E NAME NAME NAME No. Pool Name, Including Formation Lease No Name Vest Lease Name	MOLTHBIATEIN	NEW MEXICO O	1.00		
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CERTIFICATE OF COMPLIANCE			•	3	ĺ
	CERTIFICATE OF COMPLIAN	CF			

Area Engineer

11-26-73

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Title)

(Date)

OIL CONSERVATION COMMISSION

BY. TITLE .

APPROVED

This form is to be filed in compliance with RULE 1104.

If this is a request for sllowable 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 transporten or other such change of condition.