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## OIL CONSERVATION DIVISION P O BOX 2088 SANTA FE NEW MEXICO 87501

r modera RANNER STAN Formation-Office Page 1

LANG CRANT		,				
CAL	REC	REQUEST FOR ALLOWABLE AND				
PROBATOM PROBATOM CPFMG						
I.	AUTHORIZATION	TO TRANSF	PORTION AND NAT	URAL GAS		
C a a lews - Probleting Enc.			4			
Assumed For ICH, Holbs, New	Mexico 88240			Addition to the New York and the second seco		
Fresh s, for thing (Check states so	1/		- Cires 2 !ca	16 657 7 5.		
New Yell	Charge in Transporte	Change in Transporter of:				
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The second secon	X Countries Sou		7 7 8 7 5 E			
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LINECTO ON CHARLES	<u></u>				,	
Cross Asma Bast Jumont Unit	27   Eumont			)4 t _etso	Lesse	
Location	Eumont	rates /-	-Rivers Queen	Store, Ference Fee State	B-2330	
		lorth	1980	_ East		
	Feet From The	Lin		Feet From The		
Line of Section 9	Wiship 198	Range	37E , NMP	Lea	County	
III. DESIGNATION OF TRANS	PORTER OF OU AND	VATURAI	CAS			
				Addisse (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline Co (0055-1951)			PO Box 2528,	PO Box 2528, Hobbs, New Mexico 88240		
Name of Authorized Transporter of Co None	einghead Gas KX or Dry	Gas 🗌	Address (Give addres)	s to which approved copy of this form	is to be sent?	
If well produces oil or liquids,	Unit Sec. Twp.	Rge.	is gas actually connec	rted? When		
give location of tanks.	M 3 19	S . 37E	No	<u> </u>		
f this production is commingled wi	ith that from any other lea	se or pool,	give commingling ord	er number:		
NOTE: Complete Parts IV and	V on reverse side if nece	ssary.				
71. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation Division have			APPROVED	3	30 ,,	
been complied with and that the information given is true and complete to the best of my knowledge and belief.			ORIGINAL SIGNED BY JERRY SEXTON			
my knowledge and benefi.		DISTRICT I SUPERVISOR				
•			TITLE	-		
1 11 1			This form is	to be filed in compliance with a		
ya Hend			If this is a re	quest for allowable for a newly d	frilled or deenen	
(Sign	olwe)		well, this form mu	at be accompanied by a tabulation well in accordance with MULE	on of the deviation	
Hobbs Area Superintendent 397-3571			All sections of	of this form must be filled out con		
9-3	-00		able on new and r	ecompleted wells.  Sections I. II. III. and VI for c	•	
(D)			I III Out Sally	sacrings to the time and Af lot C	THERE OF CAME	

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.