STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

	* 14 E 0	
DISTRIBUTE		
SANTA PE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

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

OPERATOR GAS	REQUEST FOR ALLOWABLE				
PROBATION OFFICE	44,74,001,74,710,4	AN	· -	DAL CAS	
T	AUTHORIZATION	TO TRANSPI	ORT OIL AND NATUR	CAL GAS	
Operator					
Smith & M	arrs, Inc.				
Address	arro, me.				
P O Boy	863, Kermit, TX 79	745			
Reason(s) for filing (Check p	roper box!	7.43	Other (Please	exp(ain)	
New Well	Change in Transporter of: Ownership Change				
Recompletion	011			tive 8/1/88	
=	Casinghead Gas	=	ndensate	1100 0/1/00	
Change in Ownership					
If change of ownership give	ename I D Como I) O Roy	10217 Lubbo	ock TX 79408	
and address of previous ow	ner J. R. Cone, F	.U. BUX	10217, 1,0000	JCK, 1K 75400	
	ELL AND LEACE				
II. DESCRIPTION OF W	1 24 - 11 54 - 1 57 1 51 1	. including For	rmation	Kind of Lease	Lease No.
Cone Ja	Illiat			State, Federal or FeeState	3-11223-2
Yates Pool Uni	t Tr. 1 10 Jalma	IL lansi	<u>l Yates SR l</u>	State	<u> </u>
Location			1000	Uo o t	
Unit Letter F	: 1980 Feet From The No	rth_Line	and 1980	_ Feet From The West	
24	22S	_ 3	SSE NABA	Lea	County
Line of Section 24	Township	Range	, NMPM,	,	County
		/ / / / / / / / / / / / / / / /	CAS		
III. DESIGNATION OF	TRANSPORTER OF OIL AND	NATURAL	Address (Give address t	o which approved copy of this form is	to be sent)
Name of Authorized Transpor			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Water Injection		Gas	Address (Give address t	o which approved copy of this form is	to be sent)
Name of Authorized Transpor	ter of Casingheda Gas at 5.7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••	
	Till to See True	. Rge.	Is gas actually connecte	ed? When	
If well produces oil or liquid	Unit Sec. Twp.		is das delagity cominect	1	
give location of tanks.					
If this production is commi-	ngled with that from any other le	ase or pool, g	give commingling order	number:	
	IV and V on reverse side if nec				
NOTE: Complete Parts	und v on reverse side if nee	I			
VI. CERTIFICATE OF CO	OMPLIANCE	ļ	OIL C	ONSERVATION DIVISION	
			I and the second	(40 £ £ 1988	
I hereby certify that the rules an	id regulations of the Oil Conservation	Division have	APPROVED		., 19
my knowledge and belief.	information given is true and complete	to the Best of	BY0	RIGINAL SIGNED BY JERRY SE	CTON
thy knowledge and benef.		11		DISTRICT I SUPERVISOR	
			TITLE		
	11	,	This form is to	be filed in compliance with RU	LE 1104.
A comment	All Hillian	763 2	<u>}</u>	sest for allowable for a newly dri	
	(Signature)		well, this form must	be accompanied by a tabulation	of the deviation
Agent				well in accordance with MULE 1	
	(Title)		All sections of able on new and rec	this form must be filled out components wells.	pietely for allow
11/4/88	• •			ections I. II. III. and VI for ch	anges of owner.
	(Date)		well name or number	, or transporter, or other such cha	ncilibrate to aga