

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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
M & B Petroleum

Address
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

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

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Effective 7/1/87
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner Apollo Oil Company, P.O. Box 755, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

LC-060941

Lease Name <u>Federal A</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Langlie Mattix SR-OM-GA</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>above</u>
Location				
Unit Letter <u>A</u>	<u>560</u>	Feet From The <u>North</u>	Line and <u>330</u>	Feet From The <u>East</u>
Line of Section <u>14</u>	Township <u>25 S</u>	Range <u>37 E</u>	<u>NMPM,</u>	Lea County

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>Texas-New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, NM 88241</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, TX 79978</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>14</u>	Twp. <u>25S</u>	Rge. <u>37E</u>	is gas actually connected? <u>Yes</u>	When <u>11/17/58</u>

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.

Wanna Hall
(Signature)

Agent

(Title)

July 23, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 29 1987, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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

If this is a request for allowable 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 transporter, or other such change of condition.

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

RECEIVED
JUL 28 1987
OCD
HOBBS OFFICE