

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
FILE	
U.S. COLE.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
REGULATORY	
REGULATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Applicant
Russell Trammell

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

Reason(s) for filing (Check proper box)

- New Well
 Recompletion
 Change in Ownership
- Change in Transporter of:
 Oil
 Casinghead Gas

Other (Please explain)

Effective 4/1/85

If change of ownership give name and address of previous owner: **Tenneco Oil Co., 7990 I.H. 10 West, San Antonio, Texas 78230**

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Mesa Queen Unit	20	Mesa Queen Associated	State, Federal or Fee State	B-11214

Location
 Unit Letter **P** ; **990** Feet From The **South** Line and **670** Feet From The **East**
 Line of Section **17** Township **16 S** Range **32 E** , NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None - Injection Well	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Does well produce oil or liquids, and 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.

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.

Donny Walker
(Signature)

Agent
(Title)

5/14/85
(Date)

OIL CONSERVATION DIVISION

MAY 15 1985

APPROVED _____, 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 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.