

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C 104
Revised 10/01/78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NO. OF SPECIAL PERMITS	
CONTRIBUTION	
SANTA FE	
FILE	
M.C.O.S.	
LEASE OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Russell Trall

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

2. (a) describing (check a proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Effective 4/1/85
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name mesa Queen Unit	Well No. 19	Pool Name, including Formation mesa Queen Associated	Kind of Lease State, Federal or Fee State	Lease # 8-9633
Location Unit Letter 0 : 1650 Feet From The East Line and 990 Feet From The South Line of Section 17 Township 16 S Range 32 E NMPM. 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - Gas TSTM	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit L Sec. 16 Twp. 16S Rge. 32E	Is gas actually connected? No 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.

IV. 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.

Russell Trall
(Signature)

Agent

(Title)

5/14/85

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 15 1985

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 deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.