

STATE OF NEW MEXICO
 OIL AND MINERALS DEPARTMENT

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

NO. OF LEASES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.T.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
 Russell Tranel

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

Check one (1) describing (Check proper box) Other (If lease explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Effective 4/1/85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Castinthead Gas	<input type="checkbox"/> Condensate		
<input checked="" type="checkbox"/> Change in Ownership				

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. 16	Pool Name, including Formation mesa Queen Associated	Kind of Lease State, Federal or Fee State	Lease No. E-8310
Location Unit Letter <u>J</u> <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>16 S</u> Range <u>32 E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None - Well TA	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Castinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 Sec. Twp. Rgs. 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.

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.

Walter Walker
 (Signature)
 Agent
 (Title)
 5/14/85
 (Date)

OIL CONSERVATION DIVISION

APPROVED _____, 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 deepened well, this form must be accompanied by a tabulation of the deviated 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 conditions.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

MAY 14 1985

HOBBS