

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
	<input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
MAXUS EXPLORATION COMPANY

Address
P.O. Box 10397, Midland, TX 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas	

Dry Gas
 Condensate

If change of ownership give name and address of previous owner: NATURAL GAS PIPELINE COMPANY OF AMERICA

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL	Well No. 2	Pool Name, including Formation ANTELOPE RIDGE (Atoka)	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 19143
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u>				
Line of Section <u>34</u> Township <u>22-S</u> Range <u>34-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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Scurlock Oil Co (915-683-3052)	511 W. Ohio, Ste 200, Midland, TX 79701			
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
MAXUS EXPLORATION COMPANY	2001 Ross, Suite 1536, Dallas, TX 75201			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 34	Twp. 22-S	Rge. 34-E
	Is gas actually connected?		When	
	Yes		December 1, 1987	

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.

Greg Drwenski
Senior Production Engineer
May 31, 1988

(Signature)
(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
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.

OIL CONSERVATION DIVISION

Hobbs
P.O. Box 1980
Hobbs, NM 88240

Artesia
P.O. Drawer DD
Artesia, NM 88210

Astec
1000 Rio Brazos
Astec, NM 87410

NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

This is to notify the Oil Conservation Division of the following:

Connection	<u> X </u>	First Delivery	<u>12-01-87</u>	<u>1590 MCFPD</u>
			Date	Initial Potential Delivery
CORRECTION - Change Transporter From NGPL to Maxus				
Reconnection	<u> </u>	First Delivery	<u> </u>	<u> </u>
			Date	Initial Potential
Disconnection	<u> </u>			

for delivery of gas from the MAXUS EXPLORATION COMPANY
Operator
Federal #19143

<u>321336</u>	<u>Station 1</u>	<u>2</u>	<u>P</u>	<u>Sec. 34, T22S, R34E</u>
Meter Code	Site Code	Well No.	Unit Letter	S-T-R
		<u>Antelope Ridge (Atoka)</u>		
		Pool		

was made on 12-01-87 (Upper Tubing)
date

AOF

Choke

MAXUS EXPLORATION COMPANY
Transporter

OCD use only

County

Land Type

Liq. Transporter

GREG DRWENSKI/SENIOR PRODUCTION ENGINEER
Representative Name/Title
(Please type or print)

Greg Drwenski
Representative Signature

Submit in duplicate to the appropriate district office.

RECEIVED
MAY 19 1986
OCC
HOBBS OFFICE