RECEIVED BY

AUG 201985

O. C. D. ARTESIA, OFFICE

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTI			1					
BANTA FE								
PILE								
U.B.O.A.								
LAND DPFICE								
TRAMBPORTER	DIL							
	DAS							
OPERATOR								
PROSATION OFF	KE			_				

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

PROMATION OFFICE	į	UTHORIZ	ZATION	ID TRAN	AND ISPORT OI	L AND	NATUR.	AL GAS		
Operator  Deciding C Patent Por		co /	7				(N)	/		
Reading & Bates Per	Froteum	CO./					-{\ <sup>∨</sup> /			
2412 N. Grandview,		01, Od	essa, I	Cexas	79761					
Resson(s) for filing (Check prope	r box)	•				Other	(Please e	zpiain)		
New Well	C	hange in 7	Transporter	of:						
Recompletion	١	ᆜᅃ			Dry Gas	Ì				
X Change in Ownership		Casing	head Gas		Condensate					
If change of ownership give na- and address of previous owner	Delt.	aUS Co	rporati	on, 31	00 C. N	orth	"A" St	reet, Mid	and, Texas	79.705
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name				ool Name, Including Formation			Kind of Leose			Lease No
Green Federal		1 A	rtesia	Queen	Graybur	g SA	Si	ote, Federal or i	Federal	0555569
Location										
Unit Letter D :;	330	Feet From	The No	rth_L	ine and3	30		Feet From The _	West	<del></del>
Line of Section 31	Township	17S		Range	29E		, мирм,	Eddy	<del> </del>	County
III. DESIGNATION OF TRA	:11	or Cons	sensate [	〕 	Andress (				opy of this form is	
Name of Authorized Transporter o	1 Casinghead	Gos 🗀	or Dry C	ias 🗀	Acaress (	Give ad	ddress 10 u	uhich approved c	opy of this form is POST ID	so be sent) -3
If well produces oil or liquids,	Unii	, Sec.	Twp.	Roe.	is gas oc	tnelly c	onnected?	When	8-70-8	15
give location of tanks.		i		<u> </u>	<u>.                                    </u>				Chy Of	<b></b>
NOTE: Complete Parts IV a	nd V on re				Kive comm			ISERVATION	J DIVISION	
VI. CERTIFICATE OF COMPLIANCE										
I hereby certify that the rules and reg	ulations of th	e Oil Conse	ervation Div	vision have	APPRO	OSVED.	A	UG 28 198	<u> </u>	, 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.				BY Original Signed By						
				Les A. Clements						
	<i>'</i>				TITLE			Supervisor Dist		
			This form is to be filed in compliance with RULE 1104.							
A Lind A Gipalway				If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation						
Area Superintendent					10010 14	ken on	the well	in accordance	with AULE 11	١.
August 14, 1985	(Title)				able on	new a	raq tecası	pleted wells.		•
	(Date)		· · ·		well nar	ne or n	umber, or	transporter, or	and VI for char other such chang	e of condition
					Complete			104 must be	illed for each po	ol in multipl