

RECEIVED

NOV 20 '87

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTO. C. D.
ARTESIA OFFICE

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
ALBUQUERQUE	<input checked="" type="checkbox"/>
EL PASO	<input checked="" type="checkbox"/>
ARTESIA OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Owner: Sam Billington & Frank Boyce

Address: P.O. Box 426, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		
	<input type="checkbox"/> Dry Gas		
	<input type="checkbox"/> Condensate		

Change of ownership give name and address of previous owner: Siete Oil & Gas, P.O. Box 2523, Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>Alton Federal</u>	<u>1</u>	<u>Grayburg Jackson-9-2-6-51-</u>	<u>State, Federal or Fee Federal</u>	<u>NM14840</u>
Location				
Unit Letter	<u>H</u>	<u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>		
Line of Section	<u>29</u>	Township <u>17S</u>	Range <u>29E</u>	County <u>Eddy</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>Phillips</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>	
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)	
<u>none</u>		
Well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>29</u>	<u>17S</u>
		<u>29E</u>
Is gas actually connected?	When	
<u>none</u>	<u>Post ID-3</u>	
	<u>11-27-87</u>	
	<u>chg up name</u>	

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.

I. 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.

(Signature)
Owner

(Title)
11-20-87

(Date)

OIL CONSERVATION DIVISION

NOV 24 1987

APPROVED _____, 19____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.