

(Signature)

(Title)

(Date)

Omar, P.E., Production Manager

3-16-87

U.S.G.A.

LAND OFFICE

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

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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.

able on new and recompleted wells.

completed wells.

All sections of this form must be filled out completely for allow-

Separate Forms C-104 must be filed for each pool in multiply

TRANSPORTER GIL GAS V	DECNI	EST FOR ALLOWABLE	·		
OPERATOR V	VEAU	AND	•		
PROBATION OFFICE	AUTHORIZATION TO	TRANSPORT OIL AND NAT	TIDAL CAS	•	
1.		——————————————————————————————————————	OKAL GAS		
Operator	7				
W. A. Moncrief, Jr	<u>r. V</u>				
Address					
Moncrief Building,	Ninth at Commerc	e, Ft. Worth, Texas	76100		
Reason(s) for filing (Check proper box)	- Commerce		70102 Pse explain)		
New Well	Change in Transporter of	Change in Transporter of:			
Recompletion		OII Dry Gas			
Change in Ownership	Casinghead Gas	X Condensate			
		ZI Condensate			
If change of ownership give name			•		
and address of previous owner					
II. DESCRIPTION OF WELL AND	TEACE				
Lease Name	Well No. Pool Name, Inc	luding Formation			
Marathon State "Com"	1 - 1	-	Kind of Lease	L-4762	
Location State Com	2 Baldridge	e Canyon Morrow	State, Federal or Fee State	JL=4763	
				LG-4321	
Unit Letier F : 198	O Feel From The North	1 Line and 1650	Feet From TheWest		
Line of Section 11 Town	ship 24S Ro	 ing● 24E NMF	PM, Eddy		
		7- Z4E , IMM	M. Eddy	County	
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NA	TIDAL CAS			
Name of Authorized Transporter of Oil	or Condensate X	Address (Give address	Address (Give address to which approved copy of this form is to be sent)		
Navaio Pofinina G		i	i '		
Navajo Refining Company Name of Authorized Transporter of Casin	ighead Gas or Dry Gas	P. O. Box 159	P. O. Box 159. Artesia. New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)		
·				i	
El Paso Natural Gas Compa		P. O. Box 149	2, El Paso, Texas 799	78 fact ID-3	
ti meti biogaces oti oi tidatas'		Rge. Is gas actually connec	cted? When	3-21-87	
give location of tanks.	F 11 24S	24E Yes	10-20-80	CALLT: JMF	
f this production is commingled with	that from any other lease	or pool, give commingling ord	er number:		
		· -		·	
NOTE: Complete Parts IV and V	on reverse side if necessar	□			
Л. CERTIFICATE OF COMPLIANCE	CE	ll OIL (CONSERVATION DIVISION		
			MAR 2 0 1987		
hereby certify that the rules and regulations een complied with and that the information	given is true and complete to the	on have APPROVED		_, 19	
ny knowledge and belief.	grown is much and complete to the	BY	Original Signed By		
P = P			Les A. Clements		
L- VI		TITLE	Supervisor District II		
Talla.					
11/11/11/11/11/11/11/11/11/11/11/11/11/		This form is t	to be filed in compliance with Ru	JLE 1104.	
· / Sienneue		If this is a rec	If this is a request for allowable for a newly drilled or deepened		