## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION	
BANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
GAS	
OPERATOR	
PROBATION OFFICE	

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

Revised 10-01-78

Form C-104

REGETVED

OPERATOR	R ALLOWABLE SEP1 2 1988  ND PORT OIL AND NATURAL GASOIL CON. DIV DIST. 9
Reeson(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion OII Dr	Other (Please explain)  Fy Gas Effective 8/15/88  Condensate
II. DESCRIPTION OF WELL AND LEASE  Legge Name MARTIN 34  Well No.   Pool Name, including for the property of t	Foc
Line of Section 34 Township 30N Range  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	1850 Feet From The East  11W , NMPM, San Juan County  L GAS  Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil or Condensate The Permian Corporation  Name of Authorized Transporter of Casingnead Gas or Dry Gas El Paso Natural Gas Co.  If well produces oil or liquids, or Dry Gas Quive location of tanks.	P.O. Box 1183, Houston, Texas 77001  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 990, Farmington, New Mexico 87401  Is gas actually connected?
If this production is commingled with that from any other lease or pool,  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.  Regulatory Analyst  (Title)  September 9, 1988	OIL CONSERVATION DIVISION  SEP 19 1000  APPROVED  SUPERVISION  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 filled for each pool in multiply