

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1  
**RECEIVED**  
AUG 08 1986  
OIL CON. DIV.  
DIST. 3

I. Operator  
**P-R-O MANAGEMENT, INC.**

Address  
**9400 N. Central Expressway, LB-158 Glen Lakes Tower, Dallas, Texas 75231**

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Gashead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)

If change of ownership give name and address of previous owner  
**Oklahoma Oil Company**  
**2550 Lincoln Plaza, Dallas; Texas 75201**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Nickles</b>	Well No. <b>1M</b>	Pool Name, including Formation <b>Blanco Mesa Verde</b>	Kind of Lease <b>Federal</b> State, Federal or Fee	Lease No. <b>NM24907</b>
Location Unit Letter <b>0</b> ; <b>800</b> Feet From The <b>South</b> Line and <b>1470</b> Feet From The <b>East</b> Line of Section <b>11</b> Township <b>31N</b> Range <b>13W</b> , NMPM, San Juan 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"/> <b>Giant Refinery</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 256, Farmington, NM 87499</b>	
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, NM 87413</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Sec. <b>11</b>
	Twp. <b>31N</b>	Rge. <b>13W</b>
	Is gas actually connected? <b>YES</b> When <b>10-81</b>	

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.

*Thomas R. Laverdy*  
(Signature)  
President  
(Title)  
August 1, 1986  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **JAN - 7 1987**  
BY *Frank J. Laverdy*  
SUPERVISOR DISTRICT **10**  
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.

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ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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DIST. 3

I. Operator  
P-R-O MANAGEMENT, INC.

Address  
9400 N. Central Expressway, Glen Lakes Tower LB-158, Dallas, Texas 75231

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 checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner  
Oklahoma Oil Company  
2550 Lincoln Plaza, Dallas, Texas 75201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nickles	Well No. 1M	Pool Name, including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee	Lease No. 29-024907
Location				
Unit Letter <u>0</u> : <u>800</u> Feet From The <u>South</u> Line and <u>1520</u> Feet From The <u>East</u> Line and <u>1470</u>				
Line of Section <u>11</u> Township <u>31N</u> Range <u>13W</u> , NMPM, San Juan 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)
Giant Refinery	P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead 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)
El Paso Natural Gas	Box 990, Farmington, NM 87413
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>11</u> Twp. <u>31N</u> Rge. <u>13W</u>	YES 10-31

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.

1-7-87

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.

Thomas R. Davatz  
(Signature)  
President  
(Title)  
August 1, 1986  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JAN - 7 1987  
BY Frank J. [Signature]  
TITLE SUPERVISOR DISTRICT 3

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