## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Signature)

(Tule)

(Date)

1986

Vice President

November 13

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

		TION DIVISION	Format 06-01-83
DISTRIBUTION	OIL CONSERVA		Page 1
LANTA FE	P. O. BO		
<b>File</b>	SANTA FE, NEW	MEXICO 87501	
LAND OFFICE			
TRANSPORTER DIL	REQUEST FOR		
OPENATOR	A	•	·
PRORATION OFFICE	AUTHORIZATION TO TRANSP	- <del>-</del>	
	AUTHORIZATION TO TRANS		
Operator			
M & G Oil, Ir			
		000/7	
P.O. Box 766	Tatum, New Mexico	0 (Please explain)	
Reason(s) for filing (Check proper box)		Omer () reare express)	
New Well	Change in Transporter of:		
Recompletion			ansporter of oil
Change in Ownership	Casinghead Gas Co	ndensate .only. Effect	ive December 1, 1986
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL ANI	) LEASE		Lease No.
Lease Name	Well No. Pool Name, Including Fo		
	· 1 Crossroads Du	evoniaN, Fast State, Federa	lor Fee
Santa Fe			
Location			The West
Unit LetterC_;66	50 Feet From The <u>North</u> Lin	e and <u>1942</u> reet rom	
Line of Section 30 Tow	mship 9-5 Hange 3	7-Е , ММРМ,	Lea County
III. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL	. GAS	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent
1		4001 Penbrook Odess	a. <u>Texas 79762</u>
Phillips Petroleum Name of Authorized Transporter of Cas	inghead Gas cr Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Cas			•
None		Is gas actually connected? Wh	en
If well produces oil or liquids,	Unit Sec. Twp. Rge.	1	
give location of tanks.		No	
If this production is commingled wit	the the 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			
		APPROVED	( 158b
I hereby certify that the rules and regulation	ons or the Oil Conservation Division have		
I hereby certify that the fulles and regulations are in the state of been complied with and that the information given is true and complete to the best of my knowledge and belief.		BY ONCINAL SIGNED BY	IFRAY FEIGH
		DISTRICT I SUPERVISOR	
		TITLE DISTRICT I SUP	
<b>x x x x x</b>	•		

This form is to be filed in compliance with RULE 1104.

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 tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 multipl completed wells.

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