

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OF RATOR	
PRORATION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
NORTH LEA JOINT VENTURE

Address
P.O. Box 866816, Plano, Texas 75086

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name and address of previous owner: APOLLO ENERGY, INC., P.O. BOX 5315, HOBBS, NEW MEXICO 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>HOOD FEDERAL</u>	Well No. <u>2</u>	Pool Name, including Formation <u>BOUGH DEVONIAN</u>	Kind of Lease State, Federal or Foreign <u>FEDERAL</u>	Lease No.
Location				
Unit Letter <u>E</u> : <u>660'</u> Feet From The <u>WEST</u> Line and <u>1980'</u> Feet From The <u>NORTH</u>				
Line of Section <u>13</u> Township <u>-9-S</u> Range <u>-35-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Pipeline Corp. (Proration Dept)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 900, Dallas, Texas 75221</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)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>E</u> Sec. <u>13</u> Twp. <u>9</u> Rge. <u>35</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.

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.

North Lea Joint Venture
(Signature)
James Hutchins Agent
(Title)
1-7-1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 9 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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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JAN 7 1987
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