

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Zia Energy, Inc.

Address
P.O. Box 2219, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

| | | | |
|--|--|-------------------------------------|------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Dry Gas | Other (Please explain) |
| <input type="checkbox"/> Recompletion | <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Condensate | |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Castinghead Gas | | |

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------------|------------------------|---|--|------------------------------|
| Lease Name Elliott Federal | Well No. 1 | Pool Name, including Formation Eumont Y, SR, Qu | Kind of Lease State, Federal or Fee Fed LC-045764 | Lease No. |
| Location | | | | |
| Unit Letter I | 2310 | Feet From The South | Line and 330 | Feet From The East |
| Line of Section 26 | Township 20S | Range 36E | , 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Texas New Mexico Pipe Line Co. | P.O. Box 1510, Midland, TX 79701 | | | | | |
| Name of Authorized Transporter of Castinghead 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. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | I | 26 | 20S | 36E | | |

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

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.

M J Nelson
(Signature)
Engineer
(Title)
4/21/87
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 24 1987, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.

1987 AS 111

Department of Social Services
Hobbs Office

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