

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Smith & Marrs, Inc.

Address
P.O. Box 863, Kermit, TX 79745

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas

☐ Recompletion ☐ Casinghead Gas ☐ Condensate

☒ Change in Ownership

Other (Please explain)
Ownership Change effective 8/1/88

If change of ownership give name and address of previous owner J. R. Cone, P.O. Box 10217, Lubbock, TX 79408

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------------------|
| Lease Name Cone Jalmat Yates Pool Unit Tr. 7 | Well No. 2 | Pool Name, including Formation Jalmat Tansil Yates SR | Kind of Lease State, Federal or Fee State | Lease No. E-1357-3 |
| Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East | | | | |
| Line of Section 25 Township 22S Range 35E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

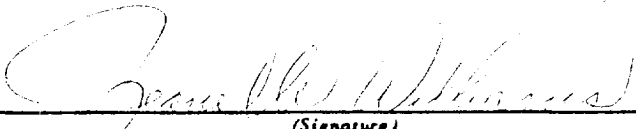
| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Water Injection Well | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or 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. | Unit Sec. Twp. Rge. Is gas actually connected? When |

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.


(Signature)
Agent
(Title)
11/4/88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
ORIGINAL SIGNED BY JERRY SEXTON
BY _____ 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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