

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
Ambett Oil Company, Inc.

Address  
c/o Oil Reports & Gas Company, Inc., P. O. Box 755, Hobbs, NM 88241

Reason(s) for filing (Check proper box)      Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Effective 8/1/85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner W. K. Byrom, Box 147, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buffington	Well No. 3	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>25S</u> Range <u>38E</u> , NMPM, <u>Lea</u> 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 Company	P. O. Box 2528, Hobbs, NM 88241				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19	Twp. 25S	Rge. 38E	Is gas actually connected?      When
					Yes      10/25/55

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.

W. K. Byrom  
(Signature)  
Agent  
(Title)  
8/2/85  
(Date)

OIL CONSERVATION DIVISION  
SEP 27 1985  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY ORIGINAL SIGNATURE BY JERRY SEXTON  
DISTRICT 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 deepen well, this form must be accompanied by a tabulation of the deviate 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 name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiphase completed wells.