

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PERMITS OFFICER			

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 Verde Grande Inc.

Address P. O. Box 147, Lovington, New Mexico 88260

Reason(s) for filing (Check proper box)

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

Other (Please explain) _____

If change of ownership give name and address of previous owner Double "C" Enterprises, P. O. Box 147 Lovington, NM 88260

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Aztec St.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>unknown Wolfcamp</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No.
Location				
Unit Letter <u>J</u>	<u>1980</u>	Feet From The <u>South</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>18</u>	Township <u>16S</u>	Range <u>37E</u>	<u>NMPM,</u>	County <u>Lea</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS S. H. D. Shell

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)					
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.

Roland E. Candell
(Signature)
President
(Title)
1-3-85
(Date)

OIL CONSERVATION DIVISION
FEB 27 1985
APPROVED _____ 19_____
BY JERRY SEXTON
DISTRICT 1 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 deviatl tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allo- able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio
Separate Forms C-104 must be filed for each pool in multip completed wells.