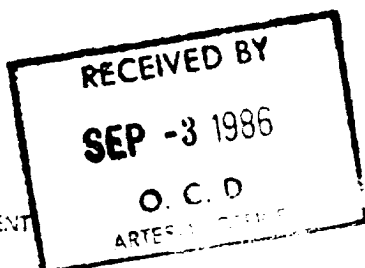


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



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

OIL CONSERVATION DIVISION

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

SI

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GAS	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROBATION OFFICE	<input type="checkbox"/>

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
N. Dale Nichols ✓

Address
P.O. Box 1972 Midland, Texas 79702-1972

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)
Change in Lease & Well Designation from J. OBRIEN #25-1 to J. OBRIEN #1

If change of ownership give name and address of previous owner
O.I.L. Energy, Inc. co Torch Operating Co. 2932 NW 122 Suite "A" Oklahoma City, Oklahoma 73120

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. OBRIEN	Well No. 1	Pool Name, Including Formation UND. San Andres	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter L	660	Feet From The WEST	Line and 1780	Feet From The SOUTH
Line of Section 25	Township 7S	Range 28E	, NMPM, Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Well Currently Shut In.	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"/> Well Currently Shut In.	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.

N. Dale Nichols
(Signature)
Operator
(Title)
8-28-86
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 5 1986, 19
BY Les A. Clements
TITLE Supervisor District II

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.