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STATE OF NEW MEXICO O. C. D. ENERGY AND MINERALS DEPARTMENT ARTESIA, OFFICE	
	Form C-194 Revised 10:01-78
DISTRIBUTION OIL CONSERVA	TION DIVISION Format 08-01-83 Page 1
P. C. BO	
TRANSPORTER OIL REQUEST FOR	ALLOWABLE
PROMATION OFFICE ALTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS
Operator	
J. CLEO THOMPSON	· · · · · · · · · · · · · · · · · · ·
4500 REPUBLIC BANK TOWER	•
Resson(s) Tor filing (Check proper bas)	Other (Please explain)
New Well Change in Transporter of:	
Recompletion OII Dr	Change of lease name only from Etz 'C' #3
Change in Ownership Casinghead Gas Co	ndensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease Love No.
	burg San Andres State, Federal or Fee Federal NM-02427
Location	
Unit Letter P : 660 Feel From The East Line	and 660 Feet From The South
Line of Section 34 Township 16 Flange	30 , NMP 13 3 4 4
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	CAS
Name of Authorstand Transporter of OII	Address (Give address to which approved copy of this form is to be sent)
Navajo-Refinery Company	P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas 🛒 or Dry Gas 🗌	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Company	Bartlesville, Oklahoma 74004
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks.	Is gas actually connected? When 1
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.	Posted ID-3 8-20-26
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION in well name
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED ALLO 2.9 1986
been complied with and that the information given is true and complete to the best of my knowledge and belief.	Criginal Signed By
	TITLE Supervisor District if
1	TITLE Cover visor District ()

Valerie I. Woody	т и
(Signature) AGENT	well, teste
(Title)	A able o
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Thie	form	10	te	be	fil•d	Ln.	compliance	with	RULE	1104.	

If this is a request for sllowable for a newly drilled of deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely far 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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