	· [RECEIVED BY	
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT		SEP 18 1 10	6
		1 D. D.	Form C-104 Revised 10-01-78
DISTRIBUTION	OIL CONSERV	ATION DIVISION	Format 06-01-83 Page 1
FILE V	P. O. BOX 2088		
TRANSPORTER OIL	· · · ·		
REQUEST FOR ALLOWABLE			•
PROMATION OFFICE		ND PORT OIL AND NATURAL GAS	 .
J. Cleo Thompson			
Address 4500 Republic Bank 1	fower		
Resson(s) for filing (Check proper box)		Other (Please explain)	i
New Well	Change in Transporter of:	Charges 5 1	
Recompletion		Change of lease	name only from
Change in Ownership	Casinghead Gas	George Etz #9Y	
If change of ownership give name and address of previous owner		· ·	
II. DESCRIPTION OF WELL AND L			
Leese Name	Weil No. Pool Name, Including F		Lease No.
WSLU Tract 7	99Square Lake Gray	zburg San Andres	Fee Federal LC-063926
610	_ Feet From TheWestL	ne and <u>1,980</u> Feet From The	South
Line of Section 35 Townshi	1p 16 Pange	, ммрм, ^{Тетр} , Aba	ndoned Eddy County
III. DESIGNATION OF TRANSPOR			
Name of Authorized Transporter of Oll (X) or Condensate		Address (Give address in which approved copy of this form is to be sent) P.O. BOX 159, Artesia, NH 88210,	
Name of Authorized Transporter of Casingh		Address (Give address to which approved	
Phillips 66 Natural Gas Company		Bartlesville, Oklahoma	
If well produces oil or liquids, Uni give location of tanks.	II Sec. Twp. Rge.	Is gas actually connected? When	Post IP-3
If this production is commingied with th	at from any other lease or pool,	give commingling order number:	9-24-86
NOTE: Complete Parts IV and V on	reverse side if necessary.		chy well name
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.		SEP 191	986 .
		BY_ The Will	. 19 19
		TITLE OIL AND GAS INSPECTOR	
Value I. woody		This form is to be filed in compliance with RULE 1104.	
		If this is a request for allowab	is for a newly drilled or deenened
		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
<u>Agent</u>		All sections of this form must be filled out completely for allow-	
September 16, 1986		able on new and recompleted wells. Fill out only Sections 1, II, III, and VI for changes of owner,	
(Date)	· · · · · · · · · · · · · · · · · · ·	well name or number, or transporter, (or other such change of condition.
		Separate Forme C-104 must be completed wells.	filed for each pool in multiply

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