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AUG 1 1 1986	
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT O. C. D.	
ARTESIA, OFFICE	Form C-104 Revised 10-01-78
DISTRIBUTION OIL CONSERVA	TION DIVISION Format 06-01-83 Page 1
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LAND OFFICE	/ MEXICO 87501
TRANSPORTER OIL DEDUCT COT	
OPERATOR REQUEST FUN	R ALLOWABLE
1 PROMATION OFFICE	PORT OIL AND NATURAL GAS
Derator	
J. CLEO THOMPSON	· · · · · · · · · · · · · · · · · · ·
4500 REPUBLIC BANK TOWER	
Reeson(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
	Change of lease name only from George Etz #14
Casinghead Gas Co	ndensate
If change of ownership give name and address of previous owner	
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II. DESCRIPTION OF WELL AND LEASE	prmation Kind of Lease Lease No.
WSLU Tract 5 14 Square Lake Gray	
Unit Letter D; 660 Feet From The West Line and 660 Feet From The North	
Line of Section 35 Township 16 Range	30 , NMPM, County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS 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 Unit Sec. Twp. Rge.	Bartlesville, Oklahoma 74004
If well produces all at liquids, the second se	a das detudity contacted / when
If this production is commingled with that from any other lease or pool,	zive commingling order number:
1101L. Complete Fulls IV unu V on reverse suce if necessary.	DIL CONSERVATION DIVICION 8-22-86
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION THE WERE DOWN
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED AUG 22 1980 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.	Original Signed By
/	Supprviser District H
Calerie Z. Wooding	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despaned
	well, this form must be accompanied by a tabulation of the deviation
AGENT (Tille)	All sections of this form must be filled out completely for allow
July 28, 1986	sble on new and recompleted wells. Fill out only Sections 1, 11, 111, end VI for changes of owner.
(Date) 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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