		RECEN AUG 11		7		
	STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	O. C. ARTESIA, O	D. DFFICE	DIVISION	Form C-104 Revised 100 Format 06-01 Page 1	
	U.8.d.8. U.8.d.8. LAND OFFICE OIL TRANSPORTER OIL OPERATOR V PROMATION OFFICE V		V MEXI R ALLOW ND	ABLE		
	I. Operation J. CLEO THOMPSON Addient 4500 REPUBLIC BANK TO			AND NATURAL GAS	<u></u>	· · · · · · · · · · · · · · · · · · ·
•	Reeson(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of:	y Gas ondensate	Other (Please explain) Change of lease na Tidewater State #1		
	If change of ownership give norme and address of previous owner II. DESCRIPTION OF WELL AND LI	E A CIT				
	Loose Name WSLUTract 24 Location	Well No. Pool Name, Including Fo 10 Square Lake Gray		an Andres State, Federal of	• F•• State	L No. B-6672
	Unit Letter P; 660 Line of Section 36 Townshi	1 700 1	• and 30	660 Feel From The		Eddycounty
	III. DESIGNATION OF TRANSPOR	or Condensate	Address P.O.	Give address to which approved Box 159, Artesia, N	M 88210	·
	Name al Authorized Transporter of Casingh Phillips 66 Natural (If well produces all or liquids, give location of tanks.	Gas Company	Bart1	Give address to which approved <u>esv111e</u> , <u>Oklahoma</u> 7 ually connected? , when		> be sent)
	If this production is commingled with th	at from any other lease or pool,	give comm	aingling order number		
	NOTE: Complete Parts IV and V on	reverse side if necessary.	14			6 JD-3 22-86
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have			OIL CONSERVATION DIVISION chy well name AUG 22 1986			
	been complied with and that the information given is true and complete to the best of my knowledge and belief.			Original Signed By Les A. Clements	•	
	Jalenie J.	Wonly		Supervisor District II le form le to be filed in com hie is a request for allowabi		

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July 28, 1986

(Tille)

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 AULS 111.

All sections of this form must be filled out completely for allow-able 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. II