		REC	EIVED BY			
STATE OF NEW MEXICO		AUG	<b>20</b> 1985			
ENERGY AND MINERALS DEPARTMENT		1	. C. D. SIA, OFFICE		Form C-104 Revised 10-01-78	
DIST R IB UT IDH	OILC	ONSER	VATION DIVIS	510N	Format 06-01-83 Page 1	
			BOX 2088			
U.B.O.A.	SAN	ITA FE, N	EW MEXICO 875	01		
LAND DFFICE						
TRANSPORTER DAS		REQUEST	FOR ALLOWABLE			
PROBATION OFFICE	AUTHORIZATI	ON TO TRA	AND NSPORT OIL AND NA	ATURAL GAS		
Dpersion			<u>_</u> , , ,			
Reading & Bates Petroleu	um Co.	<u> </u>	<u></u>	<u> </u>		
2412 N. Grandview, Suite	e 201, Odessa	a, Texas	79761	- 2 1		
Repson(s) for filing (Check proper box)	Change in Trans	porter of:	Uther (P)	ease explain)		
New Well Recompletion			Dry Gas			
X Change in Ownership	Casinghead	Gas	Condensate Effec	tive July 1, 1985		
I. DESCRIPTION OF WELL AND I	LEASE	ione, încludin	Formation	Kind of Lease		
State 647 AC 724	1 1		n Grayburg SA	State, Federal or Fee	State 647	
Location						
Unit Letter P : 330	Feet From The _	South	Line and <u>330</u>	Feet From TheE	ast	
Line of Section 25 Towns	hip 175	Range	28E NK	ары, Eddy	Count	
III. DESIGNATION OF TRANSPOR	RTER OF OIL AT	ND NATUR	AL GAS			
Name of Authorized Transporter of Oil X		••	ADCIOSS (Give DEGTE	is to which approved copy of	this form is to be sent)	
	Pipeline Div		Artesia, N	lew Mexico \$\$ \$0 which approved copy of	this form is to be sent?	
Name of Authorized Transporter of Casing		Dry Gas 🗍		ook, Odessa, Texas	79762	
Phillips Petroleum Co.	alt Sec. T	wp. Rge.	is gas actually conn			
If well produces oil or liquida, a give location of tanks.	Е 36	17 28	Yes	Decembe	r 16, 1963	
this production is commingled with the	hat from any other	lease or po	I, give commingling of	der number:	Post ID-3	
NOTE: Complete Parts IV and V of					8-30-85	
7. CERTIFICATE OF COMPLIANC	 E			CONSERVATION DIV	VISION Chy op	
hereby certify that the rules and regulations		on Division ha	11	AUG 28 1985		
een complied with and that the information given is true and complete to the best of			bt i	Onintral Circuits	, · · · · · · · · · · · ·	
ny knowledge and belief.			BY	Original Signed By Les A. Clements	<u></u>	
			TITLE	Supervisor District II	····	
C.C.L.			This form is	This form is to be filed in compliance with RULE 1104.		
Signalwe	,		well, this form m	equest for allowable for a ust be accompanied by a a well in accordance with	tabulation of the deviati	
Area Superintendent			All sections	of this form must be filled recompleted wells.		
August 14, 1985		· · ·	Fill out only	Sections 1, 11, 11, and ber, or transporter, or other		
				ms C-104 must be filed		