

RECEIVED BY
AUG 11 1986
O. C. D.
ARTESIA OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PERMITS OFFICE	

OIL CONSERVATION DIVISION

P.O. BOX 2088

RECEIVED BY
AUG 27 1986
O. C. D.
ARTESIA OFFICE

NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator J. CLEO THOMPSON		
Address 4500 REPUBLIC BANK TOWER		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	Change of lease name only from Leonard #11
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name WLS Tract 15	Well No. 11	Pool Name, including Formation Square Lake Grayburg San Andres	Kind of Lease State, Federal or Fee Federal	Lease No. NM-02427
Location Unit Letter M : 560 Feet From The West Line and 660 Feet From The South Line of Section 34 Township 16 Range 30 , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refinery Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004 Post FD-3	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 24
	Twp. 16	Rge. 20
	Is gas actually connected? <input checked="" type="checkbox"/> When 9-12-86 dig well name	

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.

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.

W. L. Woody
(Signature)
AGENT
(Title)
July 28, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 11 1986
Original Signed By
BY Jack Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviated
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-
able on new and recompleting 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 filled for each pool in multiple
completed wells.