

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

RECEIVED BY
NOV 19 1986
RECEIVED BY
DEC 7 1986
O. C. D.
ARTESIA, OFFICE

O. C. D.
ARTESIA, OFFICE

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, 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

I. Operator Haile Petroleum Ltd.

Address 813 S. Roselawn, Artesia, NM 88210

Reason(s) for filing (Check proper box)

☒ New Well ☐ Change in Transporter of:

☐ Recompletion ☐ Oil ☐ Dry Gas

☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2-19-87
UNDER NEW SECTION TO
RULE 1104 OBTAINED

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Big George S.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>West Cave-San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>V-255</u>
Location				
Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>12</u> Township <u>17-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> 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"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1959, Midland, TX 79702 Post #0-2</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>12-19-86</u> <u>Camp & Bix</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>12</u>
	Twp. <u>17-S</u>	Rge. <u>28-E</u>
	Is gas actually connected? <input type="checkbox"/> When _____	

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.

J. J. Haile
(Signature)
Operator
(Title)
Oct 6 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1986, 19 _____

BY Original Signed By
Les A. Clements

TITLE Supervisor District 11

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.