

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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NOV 02 '87

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

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Norwood Oil Company

Address
P.O. Drawer 1029, Malakoff, Texas 75148

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) <u>Change of Operator- From: Millard Deck Estate To: Norwood Oil Company</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal 19</u>	Well No. <u>1</u>	Pool Name, including Formation <u>High Lonesome QUEEN</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>03361</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>16S</u> Range <u>29E</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>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 5050, Artesia New Mexico 88210</u>
If well produces oil or liquids, give location of tanks.	Unit : <u>0</u> Sec. : <u>20</u> Twp. : <u>16S</u> Rge. : <u>29E</u> Is gas actually connected? <u>NO</u> When <u>Post ID-3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 11-20-87
chg. op.

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.

Betty Ruth Norwood
(Signature)
President
(Title)
10-27-87
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 12 1987, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.