

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

|                        |                                     |
|------------------------|-------------------------------------|
| CO. OF COPIES RECEIVED |                                     |
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| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.G.S.               | <input type="checkbox"/>            |
| LAND OFFICE            | <input type="checkbox"/>            |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OIL                    | <input checked="" type="checkbox"/> |
| GAS                    | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |
| PRORATION OFFICE       | <input type="checkbox"/>            |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

|   |  |                            |
|---|--|----------------------------|
| Operator<br>Blanco Engineering, Inc. ✓  |  | MAY 19 '88                 |
| Address<br>P.O. Box 348, Artesia, NM 88210  |  | O. C. D.<br>ARTESIA OFFICE |
| Reason(s) for filing (Check proper box)   |  | Other (Please explain)     |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input checked="" type="checkbox"/> Change in Ownership   |  |                            |
| Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Casinghead Gas<br><input type="checkbox"/> Condensate |  |                            |

If change of ownership give name and address of previous owner Dennis Todd Tidwell, 809 Haldeman Rd., Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |  |                     |
|---|---------------|---|--|---------------------|
| Lease Name<br>Cal-Mon State   | Well No.<br>2 | Pool Name, Including Formation<br>High Lonesome Queen | Kind of Lease<br>State, Federal or Fee State | Lease No.<br>LG4079 |
| Location  |               |   |  |                     |
| Unit Letter <u>L</u> ; <u>2260</u> Feet From The <u>south</u> Line and <u>512</u> Feet From The <u>west</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"/><br>Navajo Refining Co. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 159, Artesia, NM 88210 |      |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>None                   | Address (Give address to which approved copy of this form is to be sent)                                    |      |
| If well produces oil or liquids, give location of tanks.  | Unit  | Sec. |
|   | Twp.  | Rge. |
| Is gas actually connected?  | 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.

Paul Sewer  
(Signature)  
Pres.  
(Title)  
5-19-88  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JUN 10 1988, 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.