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ARTESIA, OFFICE

Form C-104
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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
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LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	<input checked="" type="checkbox"/>

I.

Operator G. F. RAY, JR.	
Address 1348 One Energy Square Building, Dallas, Texas 75206	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name BROWN STATE	Well No. 1	Pool Name, including Formation Square Lake, Grayburg - <i>SA</i>	Kind of Lease State, Federal or Fee State	Lease No. E-7664
Location				
Unit Letter <u>L</u> : <u>330</u> Feet From The <u>West</u> Line and <u>2310</u> Feet From The <u>South</u>				
Line of Section <u>3</u> Township <u>17S</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"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. Drawer 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Conoco</i>	Address (Give address to which approved copy of this form is to be sent) <i>Box 2197 Houston, TX 77001</i>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>3</u>
	Twp. <u>17S</u>	Rge. <u>29#</u>
	Is gas actually connected? <u>Yes</u>	
	When <u>June, 1960</u>	

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.

G. F. Ray, Jr.
(Signature)

OPERATOR

(Title)

October 7, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 11 1985, 19BY Original Signed ByLes A. 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 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.