

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	
PRODUCTION OFFICE		

RECEIVED BY  
AUG 07 1985  
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 J. B. Adamson

Address Rt. 1 Box 202-J, Artesia, New Mexico. 88210.

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain) Change from Texas New Mexico Pipe Line Company to Navajo Refining Company.
<input type="checkbox"/> Recompletion	<input checked="" 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>Sinclair State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Square Lake, Grayburg-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-950</u>
Location				
Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>9</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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>501 E. Main St. Artesia, New Mex. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Not connected</u>	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-3</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>P 9 17S 29E</u> <u>No</u> <u>8-16-85</u> <u>Clg LT:TNM</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.

J.B. Adamson  
(Signature)  
Owner-Operator  
(Title)  
8-7-85  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 8 1985, 19  
BY ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOCD  
TITLE \_\_\_\_\_

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.