

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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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 08-01-83
Page 1

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AUG 27 1986
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
J. CLEO THOMPSON

Address
4500 REPUBLIC BANK TOWER

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter oil	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change of lease name only from
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	Merrill State #3
	<input type="checkbox"/> Dry Gas	HOVER
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tract 22	Well No. 3	Pool Name, including Formation Square Lake Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-3635
Location				
Unit Letter C	1,980	Feet From The West	Line and 660	Feet From The North
Line of Section 2	Township 17	Range 30	NMPM, Plugged & Abandoned Eddy 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 Refinery Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004
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.

Valerie L. Woody
(Signature)
AGENT
(Title)
July 28, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 11 1986
Original Signed By
BY Les 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 filled for each pool in multiply completed wells.