S	TAT	E OF	NEW	MEXICO	)
ENERGY	OMA	MIN	ERALS	DEPAR	TMENT

OF TRANSPORTER OIL GAS OPERATOR

PROMATION OFFICE

JUL 17'89

C. C. D.

AKIESIA DEFICE
CONSERVATION DIVISION
P. O. BOX 2088

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

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Oberator			
Premier Production Co.			
Address			
P.O.box 1246, Artesia, NM 88210			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion OII	Dry Gas		
X Change in Ownership Casinghead Gas	Condensate		
If change of ownership give name and address of previous owner Southland Royalty	company		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including	Formation   Kind of Lease		
	5		
Location Play Bully - 0 ac	ckson (O,G,SA)   State, Federal or FeeFed. 29-384575		
Unit Letter M; 330 Feet From The South	ine and 330 Feet From The West		
Line of Section 15 Township 17S Range	30E , NMPM, Eddy County		
III DESIGNATION OF TRANSPORTER OF OR AND MARKET			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	AL GAS		
Water Injection Well	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
None	and the sent of th		
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.			
f 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.	give commingling order number: $\frac{9057}{2000}$		
	1		
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
hereby certify that the rules and regulations of the Oil Conservation Division have	1111 0 1 4000		
een complied with and that the information given is true and complete to the best of	ORIGINAL SIGNED BY		
y knowledge and belief.	BY MIKE WILLIAMS		
	SUPERVISOR DISTRICT IN		
	TITLE OUT ENVISOR, DISTRICT IT		
( ) any lone,	This form is to be filed in compliance with RULE 1104.		
owner/operator	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
(Title)	All sections of this form must be filled out completely for allen-		
7/1 '89	able on new and recompleted wells.		
(Date)	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		