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STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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LAND OFFICE			
TRAMSPORTER	OIL	V	
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OPERATOR		Z	
PROBATION 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

New Well Change in Transporter of: Dry Gas Effective date 1-1-86	GREATON PROBATION OFFICE		OR ALLOWABLE AND SPORT OIL AND NATU	IRAL GAS		
Address	(PETROLEUM COMPANY	· · · · · · · · · · · · · · · · · · ·			
New Well Change in Ownership Change in Transporter of: Change in Ownership Cha	Address		exas 79762 .			
Change of ownership give name Castenpheed Gas Condensero Conde	Reason(s) for filing (Check proper box)			e explainj		
In Description of Well and Lease Lease Name Section Section	Recompletion		1			
Lesses Name Lesses Name	If change of ownership give name			· · · · · · · · · · · · · · · · · · ·		_
Section Sect	·					
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line of Section 13 Township 17S Range 29E , NAPM, Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of QIII A cross of Condenset P. 0. Box 159, Artesia, New Mexico 88210 Name of Authorized Transporter of Coningheed Gee A corry Gas Address (Give address to which approved copy of this form is to be sent) Phillips 66 Natural Gas Company If well produces oil or liquids, Give in the Sect. Typ. Riggs. Is que actually connected? When 3-14-86 (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 Chereby 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. Ken Johnson Ken Johnson Ken Johnson Noth Line and 660 Feet From The Eddy County Eddy County Eddy County County Eddy County Address (Give address to which approved copy of this form is to be sent) P. 0. Box 159, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762 Fost ID-3 Yes. August 1, 1972 Chip GT/P/I 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 CIL CONSERVATION DIVISION APPROVED MAR 7 1986 BY 1884 Claiments TITLE This form is to be filed in compliance with RULE 1104.	1 - 2.			1		1 -
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Phillips 66 Natural Gas Company 4001 Penbrook, Odessa, Texas 79762 fost ID-3 If well produces all or liquids, give location of tenks. H 13 175 29E Yes. August 1, 1972 Chig CT: Production is commingled with that from any other lease or pool, give commingling order numbers NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Thereby 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. Ken Johnson Ken Johnson This form is to be filed in compliance with RULE 1104.	Navajo Refining Company - 1	Pipeline Division				
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This form is to be filed in compliance with RULE 1104.	- 1			Les A. Clements		
Ken Johnson II		. 1				
	on virgion	/ Ken Johnson	11	•		
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			well, this form mus	it be accompanied by	a tabulation of	the deviation
Production Resords Supervisor tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		isor	1			-
January 24, 1986 Tiller able on new and recompleted wells.	January 24, 1986 (This)		able on new and re	ecompleted wells.		•
(Dete) 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.	(Date)					
Separate Forms C-104 must be filed for each pool in multiply completed wells.			Separate Form		_	_

RECEIVED CONTINUE