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AUG 11 1986

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

O. C. D. ARTESIA, OFFICE

PP. PP 187119 811	Γ		
DISTRIBUTE			
SANTA FE	1	_	
FILE		Ī.	7
U.B.O.B.		1	-
LAND OFFICE		1	
TRANSPORTER	OIL		
	G A&	1	
OPERATOR		フ	_
PROBATION OF			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE

PROMATION OFFICE	AI HORIZATION TO TRANSF	ND PORT OIL	. AND NATU	RAL GAS			
J. CLEO THOMPSON			···- ·· · · · · · · · · · · · · · · · ·	•			
4500 REPUBLIC BANK TOWER					······································	•	
Resson(s) for filing (Cheek proper box)			Other (Please	explain			
, m	Change in Transporter of:						
Recompletion		y Gas		of lease name	only from		
	jamel .	ondensate	Hover 7	#6 };			
If change of ownership give name			1	<u> </u>			
and address of previous owner			 				
II. DESCRIPTION OF WELL AND LEASE	No. Pool Name, Including F	ormation		Kind of Lease			
CTract 20	C Square Lake Con-			State Federal or For	State	B-3635	
CTract 20	6 Square Lake Gray	yburg S	an Andres	State, rederat or rec	,	_J	
Location 1310							
Unii Leiler A : 1,200 Fee	el From The East Lin	ne and	660	Feet From The	North		
				_			
Line of Section 2 Township	17 Range	30	, NMPN	I ,	•	Eddy County	
Phillips 65 Natural Gas If well produces oil or liquids, qive location of tanks.		Bart.		Oklahoma 740			
If this production is commingled with that from	om any other lease or pool,	give com	mingling orde	r number:			
NOTE: Complete Parts IV and V on revo	erse side if necessary.	11			· ·	Aster 10-3 8-22 86	
VI. CERTIFICATE OF COMPLIANCE			OIL C	ONSERVATION AUG 22 1986	DIVISION C	hg well name	
I hereby certify that the rules and regulations of the	Oil Conservation Division have	APPR	OVED			, 19	
been complied with and that the information given is	true and complete to the best of		Origina	al Signed By			
my knowledge and belief.		BY	105 A	<u>Clements</u>			
1			Supervi:	or District II			
/ /)	''''					
1/2/1 - 1/4/		T	his form is t	be filed in compli	ence with RUL	. E 1104.	
(Signature)	Ingly	well, 1	this form mus	uest for silowable f it be accompanied b well in accordance	y a tabulation	of the deviati	
AGENT	•••	A	ll sections of	this form must be incompleted wells.			
July 28, 1986 (Date)				Sections 1, II, III, ir, or transporter, or o			
			sparate Form	C-104 must be fi	iled for each	pool in multip	