

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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JUN 08 1984

O. C. D.

ARTESIA, OFFICE

Form C-104

Revised 10-01-78

Format 06-01-83

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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

I. Operator C. O. Fulton

Address P.O. Box 1121 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
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) Change of Lease Name & No.  
From: Gulf B State 3D 3-17S-29E  
To: Gulf State 4 D 3-17S-29E

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gulf State</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Square Lake Grayburg San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>8-11662-9</u>
Location				
Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>17</u> Range <u>24</u> <u>29</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline Co. (Hobbs Dist)</u>	<u>P.O. Box 2528, Hobbs, N. M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco Inc.</u>	<u>P.O. Box 1267, Ponca City, Oklahoma 74603</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>D</u> : <u>3</u> : <u>17</u> : <u>29</u>	<u>Yes</u> : <u>January 20, 1984</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.

OIL CONSERVATION DIVISION

JUN 08 1984

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Mr. W. L. Walker

TITLE OIL AND GAS INSPECTOR

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.

C. O. Fulton  
(Signature)

Owner  
(Title)

6-8-84  
(Date)