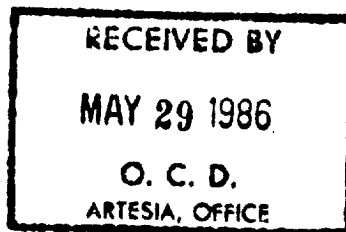


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Delmer W. Berry

Address Box 512 Alto, NM 88312

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 checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) T.A.

If change of ownership give name and address of previous owner Collier Energy, Inc., P.O. Drawer R, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Signal State</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Artesia O-GR-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-7179</u>
Location				
Unit Letter <u>I</u> : <u>2360</u> Feet From The <u>South</u> Line and <u>245</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>18s</u> Range <u>28e</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"/> <u>Navajo Refining</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petr.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartsville, OK 74004</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>No</u> When <u>Post FD-3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 7-16-86
Chg. Op.

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.

G. Hei
(Signature)
Agent
(Title)
May 72, 1986
(Date)

OIL CONSERVATION DIVISION
JUL 8 1986
APPROVED _____, 19____
BY _____
Original Signed 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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 multiple completed wells.



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