Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

nergy, Minerals and Natural Resources Dep.

RECEIVED

Form C-104
Revised See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

9'90 OCT

Section 28 Township 183 Range 281 NMPM Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURE AND ACTION OF TRANSPORTER OF OIL AND NATURE AND ALLOWER Transporter of Oil 25 or Condensate 1 20 or Date of Transporter of Oil 24 or Condensate 1 20 or Date of Condensate 2 20 or Date of Co	I.	REQUEST FO	OR ALLOW/ NSPORT (NULE AND	AUTHOR	IZATION	O. C.			
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AND PROCESSED TO SERVE AND LEASE Lease Name Mode No. Peet From The Line and 2240 Peet From The	If change of operator aims									
Lease Name Part Lease Lease Name Part Lease Name Part Name	and address of previous operator	orexco Inc., I	ox 481,	<u>Artesia</u>	. N.M.	88210				
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Section 2C Township 183 Range 2EE NMPM Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorited Transporter of Oil AND NATURAL GAS Name of Authorited Transporter of Oil AND NATURAL GAS Name of Authorited Transporter of Casinghead Gas			Tresta,	G,G,SA		State	, Federal or Fe	• State	B647	
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Name of Authorized Transporter of Casinghead Gas	Transporter of O	11 CASA OF Condensa	E L	Address (Gin	e address to wh	ich approved	conv of this f	arm je to L		
If well produces oil or liquids, Unit Sec. Typ. Resident of Dry Gat Typ. Resident of Gas Well Type of Completion is commissed with that from any other lease or pool, give commings and or number: This production is commissed with that from any other lease or pool, give commings and or number: The positional of Completion	Name of Authority 4 T			rawer 159, Artesia			a. N.M. 88210			
Designate Type of Completion - (X)	Traine of Audionzed Transporter of Ca	asinghead Gas 0	r Dry Gas	colliess (Give	e address to wh	ich approved	copy of this fo	orm is to be so	eni)	
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number transporter or other state.