STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	AUTHOR	JUN 201 O. C. E ARTESIA, OF P. O. SANTA FE, N REQUEST F	OL FICE VATION BOX 2088 EW MEXI FOR ALLOW AND SPORT OIL	CO 8750		Form C-104 Revised 104 Format 06-0 Page 1	-	
Suite II-A, 777 Taylor	St., F	ort Worth, Te	exas 761	.02				
Reason(s) for filing (Check proper box)				Other (Pleas	e explain)			
Recompletion	Change in Transporter of:							
Change in Ownership Casinghead Gas Condensate								
If change of ownership give name Con			J	·				
and address of previous owner Spa	rkman P	roducing Comp	any					
II. DESCRIPTION OF WELL AND LE	ASP							
Lease Name Well No. Pool Name, Including Formation Kind of Lease								
Resler Yates State	332 Artesia-Queen GSA Field State, Federal or Fee					State	Legae No. 647	
	_Feet From	The South L	ne and	2310		East		
Line of Section 29 Township	185	Range	28E	, NMPM	_	Edd		
IL DESIGNATION OF TRANSPORT	ER OF OI	LAND NATURA	L GAS					
Name of Authorized Transporter of OII D or Condensate D Navajo Refining Company				Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas of Dry Gas				North Freeman Avenue, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)				
				Past TD-2				
If well produces oil or liquids, Unit give location of tanks.	Sec.	Twp. Rge.	1	ally connected	d? , When	8-23	-85	
<u> </u>	21	<u>185 28E</u>	Nc Nc		·	Cha	0p	
If this production is commingled with that			give commin	ngling order	number:	مر 	·	
NOTE: Complete Parts IV and V on r	everse side	if necessary.						
VI. CERTIFICATE OF COMPLIANCE				OIL CC	NSERVATION DI	VISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have								
been complied with and that the information given my knowledge and belief.	is true and co	omplete to the best of	APPROV				)	
, and a second			BY	09 	IGINAL BIGNED LARRY BROOKS			
RAIL I			TITLEGEOLOGIST - NMOCO					
			This form is to be filed in compliance with RULE 1104.					
(Signaliwa)				If this is a request for allowable for a newly delited as d				
Qaent				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.				
(T((1))				All sections of this form must be filled out completely for all.				
<u> </u>			Fill out only Sections 1 th the and the fact the					
			Separate Forma C-104 must be filed for each pool in multiply					
		\$1	Separe completed	wells,	-ius must be filed	for each pool	in multiply	