

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 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
John D. & Catherine T. MacArthur Foundation ✓  
Address  
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, New Mexico 88241  
Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Dry Gas  
☐ Castinghead Gas  
☐ Condensate  
Other (Please explain)  
Effective 5/1/86

If change of ownership give name and address of previous owner National Drilling Company, Inc., P. O. Box 755, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cockerham	Well No. 1	Pool Name, including Formation Dayton Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter A ; 330 Feet From The North Line and 330 Feet From The East Line of Section 34 Township 18S Range 26E, NMPM, Eddy 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks. Unit A Sec. 34 Twp. 18S Rge. 26E	Is gas actually connected? Yes When 3/18/60

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.

(Signature)

Agent

(Title)

5/15/86

(Date)

OIL CONSERVATION DIVISION

MAY 27 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 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.



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