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U.S.G.S. LAND OFFICE TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS TRANSPORT OIL / GAS OPERATOR P. O. BOX 1305, Artesia, New Mexico 88210 Reson(s) for filing (Reck proper box) New Well Recompletion Change in Ownership Check proper box) New Well Recompletion Change in Ownership give name and address of previous owner If change of ownership give name and address of previous owner WILH OF GAS Ut Tract 108-3 Loco Hills G. SA. Lecation Unit Letter H 2310 Feet From The N Line and 330 Feet From The E Line of Section 3 Township 185 Range 29E, NMPM, Eddy County Name of Authorized Transporter Oil EX Or Condensate Section Name of Authorized Transporter of Oil EX Or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which Address (Give addre		DISTRIBUTION SANTA FE /	REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110 Ellective 1-1-65	
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Lees Note Mail Note Pool Document							
Manual Company Manu	II.		LEASE	ormation	ind of Lease	Legse No.	
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Name of Authorized Transporter of Oil 25		Line of Section 3 To	wnship 185 Range	29Е , ммрм,		ddy County	
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Nome of Authorized Transporter of Casinghead Gas				,		/	
If well produces oil or liquide, quive location of tonks. N 2 185 29E NO If this production is commingled with that from any other lesse or pool, give commingling order number: IV. COMPLETION DATA Out will Gas woil New Wall Workover Deepen Plug Back Some Res'v, Diff. Res'v,		Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to	which approved copy	y of this form is to be sent)	
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		Lermon & Re	Dutter	This form is to	er for allowable f	or a newly drilled or deepened	

(Date)

Division Superintendent

6-27-69

(Title)

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 transporten or other such change of condition.

well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.