

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY  
JUN 28 1984  
O. C. D.  
ARTESIA, OFFICE

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

I.

Operator Blanco Engineering, Inc. ✓ 6-3223	
Address 116 North First Street, Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Joe G. Fenn, 908 West Main, Artesia, New Mexico 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Williams	Well No. 8	Pool Name, including Formation Atoka Glorietta-Yeso	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>18S</u> Range <u>26E</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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Undesignated at this time.	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks (test tank)	Unit F	Sec. 25
	Twp. 18S	Rge. 26E
Is gas actually connected? No		When

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.

Paul D. White  
(Signature)  
Engineer  
(Title)  
June 26, 1984  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JUL 19 1984, 19\_\_\_\_\_  
BY Original Signed By  
Leslie 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.