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Г	RECEIVED BY		
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STATE OF NEW MEXICO	JUL 3 1 1985	· ·	
ENERGY AND MINERALS DEPARTMENT	O. C. D.		Form C-104
	ARTESIA, OFFICE		Revised 10-01-78 Format 06-01-83
DISTRIBUTION		ATION DIVISION	Page 1
P. O. BOX 2088			
LAND OFFICE			
TRANSPORTER OIL CAS CALLOWABLE			
OPERATOR AND			
AU1	HORIZATION TO TRANS	PORT OIL AND NATURAL GAS	
Operator			
RALPH NIX			
P.O. Box 440, Artesia,	, NII 88210		
Reason(s) for filing (Check proper box)		Other (Please explain)	
	nge in Transporter of:	GAS CONNECTION	
Change in Ownership		Condensate	
		<u></u>	
If change of ownership give name and address of previous owner			
-	n		
II. DESCRIPTION OF WELL AND LEASE	Il No.   Pool Name, Including I		Lease No.
Sherri	l Atoka,Glori	eta/Yeso State, Federal or Fee	Fee
Location	North	ne and 330 Feet From The	West
Unit Letter D: 660 Fe	et From The NOI CII LI	ne and Feet From The	
Line of Section 35 Township	18 South Range	26 East , NMPM, Eddy	County
	OF OF AND MATTIRA	I CAS	
III. DESIGNATION OF TRANSPORTER	or Condensate	Andross (Give address to which approved copy	of this form is to be sent)
Navajo Crude Oil Purchas	ing Co.	P.O. Box 175, Artesia,	NM 88210
Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent) Phillips Bldg. Bartlesville, OK 74004	
Phillips Petroleum Co.	Sec. Twp. Rge.	Is gas actually connected? When	A (
If well produces oil or liquids, give location of tanks.	35 18S 26E	Yes July 2	4, 1985 Past TD-3
If this production is commingled with that fr	om any other lease or pool	, give commingling order number:	8-2-85
NOTE: Complete Parts IV and V on rev			Had GT PP
			VISION
VI. CERTIFICATE OF COMPLIANCE		1111 91 1985	
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.			
		BYOriginal Signed By	
· ·		TITLE Les A. Clements	
277		This form is to be filed in compliance with RULE 1104.	
Jay Alix h		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	
(Signature)		tosts taken on the well in accordance a	with AULE 111.
(Title)		All sections of this form must be fill able on new and recompleted wells.	lied out completely for allow-
7-29-85		Fill out only Sections I, II, III, a well name or number, or transporter, or ot	nd VI for changes of owner,
(Date)		Separate Forms C-104 must be fill	
		completod wells.	

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