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STATE OF NEW MEXICO MAY 11 198	37 .
ENERGY AND MINERALS DEPARTMENT O. C. D.	Form C-104 Revised 10-01-78
DIATAIBUTION OIL CONSERVA	TION DIVISION Page 1
P. O. BOX 2088	
LAND OFFICE SANTA FE, NEW MEXICO 87501	
TRANSPORTER OIL V	
OPERATOR ALLOWABLE	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
1. Operator	
M.K. & w., Inc.	
Address P.O. Box 184 Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
	y Gas Indensate
If change of ownership give name Marnel Pipe & Supply Co, and address of previous owner	P.O. Box 1037 Artesia, New Mexico 88210
II. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, including Fi	ormation Kind of Lease Lease No.
State 1 Millman - Gra	yburg State, Federal or Fee State E-2126
Location Unit Letter L : 2310 Feet From The South Line and 330 Feet From The West	
Line of Section 17 Township 195 Range	28E , NMPM, Eddy County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of OII XX or Condensate	Audrean (Give address to which approved copy of this form is to be sent)
The Permian Corp. Permian (2007)	P.O. Box 1183 Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)
N/A	Past ID-3
If well produces oil or liquide, Unit Sec. Twp. Rge.	is gas actually connected? When $6-5-87$
give location of tanks. L 17 195 28E	No chy up.
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	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BYOriginal Signed By
	Mike Williams
	Cil & Gas Inspector
23 Horas	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened
(Silasy 1) President	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.
(Tule)	All sections of this form must be filled out completely for allow-
5-11-87	able on new and recompleted wells. Fill out only Sections 1, 11, 111, and VI for changes of owner,
(Date)	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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