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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMEN		NUCIVED 5.			Form C-104
DISTAIRUTION					Revised 10-01-78 Format 06-01-83
	OTE	P. O. BO			Page 1
V.8.0.4.	SAI	NTA FE, NEW	MEXICO 87501		
TRANSPORTER OIL		REQUEST FOR			
OPERATOR PERATOR PLONATION OFFICE	AUTHORIZAT	AN		IRAL G AS	
Cperator Floyd M. Osbor	ırn - Helen M.	Osbourn			·
Address 203 East Main	St, Artesia	, N.M. 88210)		
Reason(s) for filing (Check proper bo		sporter of:	Other (Pleas	e explain)	
New Well Recompision		·	r Gas		
Change in Ownership	Casingheo		ndensate		
If change of ownership give name and address of previous owner		<u></u>			
II. DESCRIPTION OF WELL AN	D LEASE				Lease No.
Lease Name Warren State	Well No. Pool	Name, Including Fo		Kind of Lease State, 2010KBDBCCKK	E - 1051
Location					
Unit Letter: 231)Feet From Th	• <u>N</u> Line	and <u>330</u>	Feet From TheW	
Line of Section 17 To	ownship 19	S Range	28 e , NMP	M. Eddy	County
III. DESIGNATION OF TRANS	PORTER OF OIL	AND NATURAL	GAS	to which approved copy of	the form is to be sent)
Name of Authorized Transporter of OII 🚺 or Condensate 🗌 Navajo Refining Co.			P.O. Box 15	Artesia,	N.M. 88210
Nava JO REFITTING CC.			Address (Give address	to which approved copy of	
Phillips 66 Natural	Gas Co.	Twp. Rge.	P.O. Box 505	und? When	
If well produces oil or liquids, give location of tanks.	E 17	19s 28 e	Yes	2/6/	87 Post ID-3
If this production is commingled w			give commingling ord	er number:	Bdd GT: PP
NOTE: Complete Parts IV and	V on reverse side	if necessary.			1140 01111
VI. CERTIFICATE OF COMPLIANCE			OIL	CONSERVATION DIV MAR 6 1987	/ISIUN
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.			APPROVED		, 19
			BY	Original Signed Les A. Clemen	
			TITLE	Supervisor Distri	
1/0 1m.	Vilor		This form is	to be filed in complianc	e with RULE 1104.
(Signature)			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 AULE 111.		
Owner (Title)			All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
3/ 5/ 87			This aut only Sections 1 II. III. and VI for changes of owner.		
(Dete)			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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