STATE OF NEW MEXICO		•
SY AND MINERALS DEPARTMENT	Form C-104 Revised 10-01 Format 05-01	
OIL CONSERVA	TION DIVISION Page 1	<b>.</b> .
RECEIVED BY	k 2088 MEXICO 87501	
SEP 29 1986 REQUEST FOR	ALLOWABLE	
ATON AN		
ATION OFFICE	ORT UIL AND NATURAL GAS	
xaco Inc.		
0. Box 728, Hobbs, New Mexico 88240		•
on(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	TEFeative October 1 1086	
	r Ges Effective October 1, 1986	
Change in Ownership		
nge of ownership give name ddress of previous owner		
ESCRIPTION OF WELL AND LEASE	Kind of Lease	Lease No.
e Nome Weil No. Pool Name, inziding i		E-9222
.M. "CK" State NCT-1 1 Oueen Grayburg		<b>n</b> .
nii Leiler E 330 Feet From The West Line	e and1650 Feet From TheNorth	
	31E , NMPM, Eddy	County
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS	10 ho 100/1
Condensate	Address (other sector to sector to	
e of Authorized Transportation Inc. 1090-0042	P.O. Box 6196, Midland, Texas 79711- Address (Give address to which approved copy of this form is	to be sentj
e of Authorized Transporter of East		st <u>ID-3</u>
ne (TSTM) Unit Sec. Twp. Ree.		10-3-86
ell produces oil or liquids, location of tanks. E 36 188 31E	No	hg hT: PER
is production is commingled with that from any other lease or pool,	give commingling order number:	
IE: Complete Parts IV and V on reverse side if necessary.	OIL CONSERVATION DIVISION	
CERTIFICATE OF COMPLIANCE		
eby certify that the rules and regulations of the Oil Conservation Division have	APPROVED SEP 30 1986	, 19
complied with and that the information given is true and complete to the best of nowledge and belief.	BYLes A. Clements	
nowicuge and bench.	Superviser District H	
		P 1104
Att Kenning a	This form is to be filed in compliance with RUL If this is a request for silowable for a newly dril	lied or deepens
(Signature) District Administrative Supervisor	well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE 1	11.
(T(u a))	All sections of this form must be filled out comp able on new and recompleted wells.	
September 26, 1986	Fill out only Sections I. II. III. and VI for chi well name or number, or transporter, or other such char	angue of owner
(Date)	Separate Forms C-104 must be filed for each	pool in multiply
	completed wells.	
·		

•

•••

.

•