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ARTISTIA, OKLAHOMA

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTForm C-104  
Revised 10-01-78  
Format 00-01-83  
Page 1

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |     |   |
|------------------------|-----|---|
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| SANTA FE               |     | ✓ |
| FILE                   |     | ✓ |
| U.S.G.S.               |     |   |
| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL | ✓ |
|                        | GAS | ✓ |
| OPERATOR               |     | ✓ |
| PRORATION OFFICE       |     |   |

I.

Operator

Entex Petroleum, Inc. ✓

Address

P.O. Box 14837, Oklahoma City, Oklahoma 73113

Reason(s) for filing (Check proper box)

☐ New Well☐ Recompletion☒ Change in Ownership

Change in Transporter of:

☐ Oil☐ Casinghead Gas☐ Dry Gas☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner William Moss Properties, 3303 Lee Parkway Dallas Texas 75219

## II. DESCRIPTION OF WELL AND LEASE

|  |          |                                |                             |           |
|--|----------|--------------------------------|-----------------------------|-----------|
| Lease Name   | Well No. | Pool Name, including Formation | Kind of Lease               | Lease No. |
| Petco State  | 1        | Parkway-Strawn                 | State, Federal or Fee State | L-3355    |
| Location   |          |                                |                             |           |
| Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>East</u> Line and <u>760</u> Feet From The <u>South</u> |          |                                |                             |           |
| Line of Section <u>-26-</u> Township <u>19S</u> Range <u>29E</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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Koch Oil Company   | P.O. Drawer 1558, Breckenridge, Texas 76024                              |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Llano, Inc.  | Drawer 1320, Hobbs, New Mexico 88240                                     |
| If well produces oil or liquids, give location of tanks.   | Is gas actually connected? When  |
| Unit <u>P</u> Sec. <u>26</u> Twp. <u>19S</u> Rge. <u>29E</u>   | Yes October 20, 1971   |

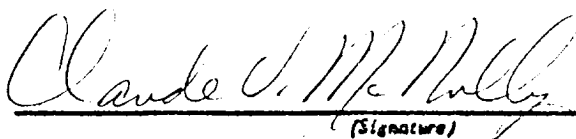
If this production is commingled with that from any other lease or pool, give commingling order number:

Post ID-3  
10-4-85  
chg op

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.



(Signature)

(Title)

Claude V. McNully, Division Manager

September 27, 1985 (Date)

## OIL CONSERVATION DIVISION

SEP 30 1985

APPROVED \_\_\_\_\_, 12 \_\_\_\_\_

BY \_\_\_\_\_ Original Signed By

Les A. Clements

TITLE \_\_\_\_\_ Supervisor District 11

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 Form C-104 must be filed for each pool in multiply completed wells.