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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTO. C. D.
ARTESIA OFFICE
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 05-01-83
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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
TOTAL MINATOME CORPORATION ✓

Address
500 DALLAS, ONE ALLEN CENTER, HOUSTON, TEXAS 77002

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) NAME CHANGE ONLY.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner PHOENIX RESOURCES COMPANY, 6525 N. MERIDIAN, OKLAHOMA CITY, OK 73116

II. DESCRIPTION OF WELL AND LEASE

Lease Name GARDNER DRAW UNIT	Well No. 2	Pool Name, including Formation GARDNER DRAW MORROW	Kind of Lease State, Federal or Fee STATE	Lease No. LG 0463
Location Unit Letter <u>B</u> : <u>1980</u> Feet From The <u>EAST</u> Line and <u>800</u> Feet From The <u>NORTH</u> Line of Section <u>19</u> Township <u>19S</u> Range <u>21E</u> , NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NORTHERN NATURAL GAS COMPANY	2223 DODGE STREET, OMAHA, NEBRASKA 68103
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Pre ID-3

If this production is commingled with that from any other lease or pool, give commingling order number: 1-8-88

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.

Edw. J. Lunn
(Signature)
Superintendent / Production Records
(Title)
11/1/87
(Date)

OIL CONSERVATION DIVISION

JAN 08 1988

APPROVED _____, 19

Original Signed By

BY Mike Williams

TITLE Oil & Gas Inspector

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 Forms C-104 must be filed for each pool in multiple completed wells.