

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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JAN 07 '88

O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Larry's Drilling & Pump Co.	
Address 2116 W. Bender, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change of Owner/Operator
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Bel-Dyn, Inc. Properties, P.O.Box 136, Lovington, NM 88260

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hale Federal	Well No. 1	Pool Name, including Formation Shugart, Y, 7R, Queens - G	Kind of Lease State, Federal or Fee Fed. NM	Lease No. 0560353
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> Line of Section <u>1</u> Township <u>19S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

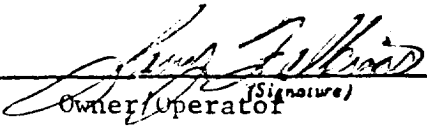
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) 4708 Andrews Hiway, Odessa, Texas 79762					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 1	Twp. 19S	Rge. 30E	Is gas actually connected? Yes	When 1-15-83

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

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.

 Owner/Operator (Signature)
1-4-88 (Date)
(Title)

OIL CONSERVATION DIVISION JAN 12 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 filled for each pool in multiply completed wells.