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TRANSPORTER	OIL	✓	
	GAS		
OPERATOR		✓	
PROMOTION OFFICE			

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

APR 08 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ATTN: OFFICE

Operator WAYNE HEAD ✓	
Address P.O. BOX 468, ARTESIA, NEW MEXICO 88211-0468	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
CHANGE OF OPERATOR	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>LAKEWOOD FEDERAL</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>SEVEN RIVERS YESO</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>	Lease No. <b>NW 31200</b>
Location Unit Letter <b>0</b> : <b>660</b> Feet From The <b>South</b> Line and <b>1993</b> Feet From The <b>East</b> Line of Section <b>34</b> Township <b>10 South</b> Range <b>25 East</b> , NMPM, <b>Eddy</b> County				

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)					
THE PERMIAN CORP. SCURLOCK PERMIAN CORP EFF 9-1-91					P. O. BOX 1163, HOUSTON, TEXAS 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)					
					FLARE					
If well produces oil or liquids, give location of tanks.					Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					0	34	19	25		Post ID-3 4-15-88 chs dp.

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.

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.

Shirley Neal  
(Signature)  
Secretary  
(Title)  
March 21, 1988  
(Date)

APPROVED APR 18 1988, 19 88  
BY Original Signed 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 allowance 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 multiply completed wells.