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-		JUN 1119	85			
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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT		O. C. D. ARTESIA, OFF	-			
	L CONSERVA	TION DIVISI	ON		Form C-104 Revised 10-01-78 Format 06-01-83 Page 1	•
	x 2088 / MEXICO 8750	1				
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TRANSPONTER GAS V		ALLOWABLE	•		يون ميرونين موجود ميروني	to star - Andres Sometito de
AUTHORIZ		PORT OIL AND NAT	URAL GAS			
Cpertiter				· · · · · · · · · · · · · · · · · · ·		
Address	•					
P. O. Box 670, Hobbs, NM 88240 Reason(s) for filing (Check proper box)	l	Other (Plea	se esplainj			
New Vell Change in T	ransporter of:	Name		Effective	7-1-85	
		y Gas ndensate		•		• 1
If change of ownership give name Gulf Oil C and address of previous owner Gulf Oil C	orp., P. O. B	ox 670, Hobbs,	NM 8	8240		
II. DESCRIPTION OF WELL AND LEASE						
Lease Name Well No. Po	ool Name, including Fo	rmation +	Kind of L		o NITI	Lease No.
N. An Pulitan, Catasmark 119	1. Hackling	y challes	State, ye	deral or Fee/A	<u>106763</u>	·
Unit Letter 2 : 15.85 Feet From ?	rho <u>Acutic</u> Line	and	Feet Fr	om The <u>Me</u>	st	
Line of Section 24 Township 195	Range	30E . NMF	м, Е	ddy_	·····	County
III. DESIGNATION OF TRANSPORTER OF OI						
Name of Authorized Transporter of Cli Stor Cond Jula 7 Mour Mollico Picelin		Asiagenes (Give address Del 25,28	s so which as	les MM	his form is to be 8824.6	Senij Divenić
Name of Authorized Transporter of Castoghead Gas () (haihon) (Thod on A)	or Dry Gas	Address (Give addres	s to which as	proved copy of t	Ass form is to be	sent)
If well produces oil or liquide, give location of tanks.	Twp. Rge. 195 30E	Is gas actually conner	c1+d7	When	6-2/	85
If this production is commingled with that from any o		ive commingling ord	er number:		<u> </u>	P
NOTE: Complete Parts IV and V on reverse side	if necessary.		-			
VI. CERTIFICATE OF COMPLIANCE	- · ·	OIL	CONSER\		SION	
I hereby certify that the rules and regulations of the Oil Conse been complied with and that the information given is true and c	rvation Division have	APPROXIZD	· Jl	JN 17 198	5, 19	
my knowledge and belief.		BY		I Signed By Clements		
	•	TITLE	and the second se	or pistrict 11		
K. D. Patre		This form is t If this is a re-	quest for al	lowable for a s	a halfink vive	•
(Siemewe) Area Engineer		tests taken on the	st be accou well in ac	openied by a tr cordence with	Bulation of the AULE 111.	deviation
5-31-85		All sections a sble on new and r	ecompleted	welle.		e ter
(Dece)		Fill out only well name or number	er, or transp	orten or other a	such change of	condition.
	ļ	Separate Form completed wells.	as C-104 s 	ust De filed f	or each pool	in multiply
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