| STATE OF NEW MEXICO<br>ENERGY AND MINERALS DEPARTMENT<br>ONSTANUTION<br>BANTA FE<br>FILE<br>U.S.S.S.<br>LAND OFFICE<br>TRAMPORTER<br>OIL   | OIL CONSE                             | RVATION<br>0. BOX 2085             |   | 'n   | Form C-104<br>Revised 10-01-78<br>Format 06-01-83<br>Page 1 | •             |
|--|---------------------------------------|------------------------------------|---|--|---|---------------|
| COPERATOR CAS  | REQUES                                | T FOR ALLON                        | VABLE   | •  |   |               |
| PROMATION OFFICE   | AUTHORIZATION TO T                    | AND<br>RANSPORT OI                 |   | RAL GAS  |   | •             |
| <u>I.</u>  |                                       |                                    |   |  |   |               |
| Nearburg Producing (   | Company                               |                                    |   |  |   |               |
| Address  |                                       |                                    | <u></u>   | <u></u>  | <u> </u>  | <u> </u>      |
|  | allas, Texas 75231                    | ·                                  |   |  |   |               |
| Reeson(s) for filing (Check proper box)  | Change in Transporter of:             |                                    | Other (Please   | ezplainj   |   |               |
| New Well<br>Recompletion   |                                       | Dry Ges                            | ** Effe   | ctive date 11  | /27/85.   |               |
| X Change in Ownership ##   | Casingheed Gas                        |                                    |   |  |   |               |
| Stevenson Location Unit Letter_E: 198  |                                       | oka Glorie<br>h_Line and<br>ae 26E | 660<br>, ммрм   | State, Federal or Fee<br>Feet From The<br>, Eddy   | West  | County        |
| IL DESIGNATION OF TRANSP   | ORTER OF OIL AND NAT                  | URAL GAS                           |   |  |   |               |
| None of Authorized Transporter of Oli  | or Condensate                         | Address                            | (Give address )   | so which approved cop  | y of this form is to b                                      | e sentj       |
| None<br>Name of Authorized Transporter of Cast   | inghead Gas 📄 or Dry Gas              | Address                            | (Give address )   | to which approved cop  | y of this form is to b                                      | e sentj       |
| none   |                                       |                                    |   |  | 15  | -3            |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. R                      |                                    | ictually connect<br>NO  | ed? ¦When<br>I   | ted 75  | .84 Jg.       |
| If this production is commingled with  | h that from any other lease or        | pool, give com                     | mingling order  | r number:  | P   | <u></u>       |
| NOTE: Complete Parts IV and V  | on reverse side if necessary.         | •                                  |   |  | NO  | Λ'            |
| VI. CERTIFICATE OF COMPLIAN  |                                       |                                    | OIL C   | ONSERVATION  |   |               |
| I hereby certify that the rules and regulations of the Oil Conservation Division have<br>been complied with and that the information given is true and complete to the best of<br>my knowledge and belief. |                                       |                                    | APPROVED, 19, 1 |  |   |               |
| Shellers Regulatory & Production   | - 0                                   |                                    | f this is a required this form must   | be filed in compli-<br>uest for allowable f<br>t be accompanied by<br>well in accordance | for a newly drilled<br>y a tabulation of t                  | or deepened   |
| (Tul   | · · · · · · · · · · · · · · · · · · · | <b>^</b>                           | 11 sections of  | this form must be f  |   | ily for allow |
| 12/19/85   |                                       |                                    |   | completed wells.<br>Sections I, II. III, •   | and VI for change   | se of owner,  |
| (Delo  | i)                                    | weil n<br>S                        | ame or numbe  | r, or transporter, or o<br>s C-104 must be fi  | other such change   | of condition  |

. . .

-

·

· .

•

-

•

ι. Έ