

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 05-01-83  
Page 1

|                        |                                     |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED |                                     |
| DISTRIBUTION           |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.G.S.               |                                     |
| LAND OFFICE            |                                     |
| TRANSPORTER            | <input checked="" type="checkbox"/> |
| OPERATION              | <input checked="" type="checkbox"/> |
| PROMOTION OFFICE       |                                     |

OIL CONSERVATION DIVISION

RECEIVED BY

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

MAY 01 1986

O. C. D.

REQUEST FOR ALLOWABLE  
AND

ARTESIA AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                       |                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator<br>Centre Exploration, Inc.                                                                                                  |                                                                                                                                                                              |
| Address<br>909 N.E. Loop 410, Ste-711, San Antonio, Texas 78209                                                                       |                                                                                                                                                                              |
| Reason(s) for filing (Check proper box)                                                                                               | Other (Please explain)                                                                                                                                                       |
| <input checked="" type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Change in Transporter of:<br><input type="checkbox"/> Oil<br><input type="checkbox"/> Gashead Gas<br><input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Condensate |
| Request Testing Allowable of 200 bbl. for month of April 1986. Open Hole Top 2330'                                                    |                                                                                                                                                                              |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                     |               |                                                            |                                                   |                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------|---------------------------------------------------|-------------------------|
| Lease Name<br>Hanson Federal                                                                                                                                                                                        | Well No.<br>2 | Pool Name, including Formation<br>North Hackberry - Y. SR. | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>M105577.29 |
| Location<br>Unit Letter <u>P</u> : <u>430</u> Feet From The <u>South</u> Line and <u>390</u> Feet From The <u>East</u><br>Line of Section <u>20</u> Township <u>19S</u> Range <u>31E</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"/><br>Navajo Refining Company | Address (Give address to which approved copy of this form is to be sent)<br>501 East Main St., Artesia, New Mex. 88210 |
| Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                                  | Address (Give address to which approved copy of this form is to be sent)                                               |
| If well produces oil or liquids, give location of tanks.                                                                                    | Unit Sec. Twp. Rge. Is gas actually connected? when                                                                    |
| P 20 19S 31E                                                                                                                                |                                                                                                                        |

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.

*Philip A. Clements*

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 1 1986, 19

BY Original Signed By  
Les A. Clements

TITLE Supervisor District II

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 all wells 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 multi-pool completed wells.