

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	
OPERATOR		✓
PROMOTION OFFICE		

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

RECEIVED

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

MAR 20 '89

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

Operator FRANK BOYCE

Address P.O., Box 8279 ROSWELL NM 88202

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

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

I. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name	<u>North</u>	<u>1</u>	<u>HACKBERRY YATES - SR</u>	State, <del>XXXXXX</del>	<u>E-7345-1</u>
<u>Shirley K State</u>					

Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East

Line of Section 32 Township 19 South Range 31 East , NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
<u>Phillips Petroleum</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco</u>	
Does well produce oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>32</u> Twp. <u>19-S</u> Rge. <u>31-E</u>	<u>NO</u> <u>Unknown</u>
	<u>N/A</u>

Post IO-2  
3-24-89  
comp & BK

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. 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.

Tom Bilgite  
(Signature)  
Partner  
(Title)  
\_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 20 1989, 19\_\_\_\_  
BY Original Signed By  
Mike Williams  
TITLE \_\_\_\_\_

This form is to be filled 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 filed for each pool in multiple completed wells.