

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

RECEIVED

MAR 20 '89

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

REQUEST FOR ALLOWABLE  
AND  
ARTESIA, OFFICE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	

change of ownership give name  
and address of previous owner

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

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)	
Phillips Petroleum		
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)	
Conoco		
Well produces oil or liquids, give location of tanks.	Unit B	Sec. 32
	Twp. 19-S	Rge. 31-E
Is gas actually connected?	NO	When Unknown

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

this production is commingled with that from any other lease or pool, give commingling order number: N/A

NOTE: Complete Parts IV and V on reverse side if necessary.

I. CERTIFICATE OF COMPLIANCE

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.

Sam Bullington  
(Signature)  
Partner  
(Title)  
  
(Date)

OIL CONSERVATION DIVISION

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

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 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.