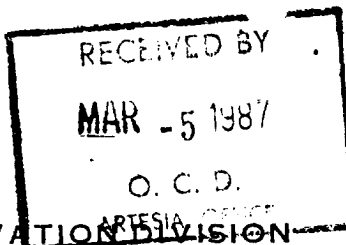


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **Floyd M. Osbourn - Helen M. Osbourn**

Address **203 East Main St. Artesia, New Mexico 88210**

Reason(s) for filing (Check proper box) **ADD**

<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> In Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>STATE</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Millman - Grayburg</b>	Kind of Lease State, <b>DEED</b>	Lease No. <b>E-952</b>
Location Unit Letter <b>I</b> : <b>2310</b> Feet From The <b>S</b> Line and <b>330</b> Feet From The <b>E</b> Line of Section <b>18</b> Township <b>19s</b> Range <b>28 E</b> , NMPM, <b>Eddy</b> 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"/> <b>Navajo Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159 Artesia, N.M. 88210</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips 66 Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 5050 Bartlesville, Oklahoma 74004</b>
If well produces oil or liquids, give location of tanks. Unit <b>I</b> Sec. <b>18</b> Twp. <b>19s</b> Rge. <b>28e</b>	Is gas actually connected? <b>no.</b> When <b>APP. 3/10/87</b> <b>Part ID-3</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **3-6-87**

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.

*Floyd M. Osbourn*  
(Signature)  
Owner  
3/5/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 6 1987**, 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 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 multiply completed wells.