

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		✓
PRODUCTION OFFICE		

SEP 21 1984

O. C. D.  
ARTESIA, 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  
GEORGE A. DENTON

Address  
P.O. Box 1252, ARTESIA, NEW MEXICO 88210

Reason(s) for filing (Check proper box)

<input 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 checked="" type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner  
FLYNN AND DENTON COMPANY  
OPERATOR

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>STATE</u>	Well No. <u>2</u>	Pool Name, including Formation <u>MILLMAN GRAYBURG</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>E-952</u>
Location				
Unit Letter <u>P</u> : <u>990</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>EAST</u> .				
Line of Section <u>18</u> Township <u>19</u> Range <u>28</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"/> <u>NAVAJO REFINING COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159, Artesia NM 88210</u>	
Name of Authorized Transporter of Casinghead 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 <u>P</u>	Sec. <u>18</u>
	Twp. <u>19</u>	Rge. <u>28</u>
	Is gas actually connected? <u>NO.</u>	When <u>Post ID-3 10-19-84 GHS DP.</u>

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.

George A. Denton  
(Signature)

10-4-84  
(Date)

OIL CONSERVATION DIVISION

OCT 17 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ Original Signed By  
Leslie 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.