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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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O. C. D.
ARTESIA, OFFICE
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
Page 1REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator		
Musselman, Owen & King Operating, Inc. ✓		
Address		
507 North Marienfeld, Suite 100, Midland, TX 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Hondo Oil & Gas Company, P.O. Box 2208, Roswell, NM 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Smith Federal	1	Indian Basin Upper Penn	State, Federal or Fee Federal	NM 0251099
Location				
Unit Letter <u>G</u> ; <u>1930</u> Feet From The <u>North</u> Line and <u>2080</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>22S</u> Range <u>23E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Drawer 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Marathon Oil Company	P.O. Box 2409, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>1</u> Twp. <u>22S</u> Rge. <u>23E</u>	<u>NO</u> <u>Post ID-3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 4-28-89

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.

Ronnie Cameron
(Signature)Secretary
(Title)April 24, 1989
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 28 1989, 19BY Original Signed ByTITLE Mike Williams

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.