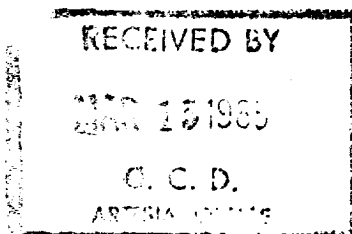


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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
Corinne Grace ✓

Address
P. O. Box 1418 Carlsbad, NM 88220

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain)
Authorization to transport Oil or Condensate not previously filed.

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>City of Carlsbad Com.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>So. Carlsbad Morrow Gas</u>	Kind of Lease <u>State, Federal or Fee</u>	State & Fee <u>K-675</u>
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>22-S</u> Range <u>26-E</u> , NMDM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>Transwestern Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2551, Huron, NM 87501</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>0</u> Sec. <u>25</u> Twp. <u>22S</u> Rge. <u>26E</u>	<u>yes</u> <u>2/25/72</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.

Suzette Johnson
(Signature)
Bookkeeper - for Corinne Grace
(Title)
March 13, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 27 1985, 19_____
BY _____ ORIGINAL SIGNED
BY LARRY BROOKS
TITLE _____ GEOLOGIST - NMOC

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 allowables on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.

Separate Form C-104 must be filled for each pool in multiply completed wells.

Post FD-3
3-22-85
Add LT: NRC