

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

I. Operator Emcor Petroleum, Inc. ✓

Address 303 East 17th Avenue, Suite 500, Denver, Colorado 80203

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner Tenneco Oil Company 6800 Park Ten Blvd., San Antonio, TX 78213

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Catclaw Draw Unit</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Catclaw Draw Morrow</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>0374057-A</u>
Location				
Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>21S</u> Range <u>25E</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"/> <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 175, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Cabot Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 335, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>1</u> Sec. <u>24</u> Twp. <u>21</u> Rge. <u>25</u>	<u>Yes</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.

Rich Hogan
(Signature)
Manager of Operations
(Title)
May 1, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED JUL 0 3 1984
Original Signed By
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.