

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

RECEIVED BY
MAY -4 1987

O. C. D.

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

Operator Vintage Petroleum, Inc.	
Address 502 S. Main, Suite 400 Tulsa, OK 74103	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well AND EXCAV	Change in Transporter of:
<input checked="" type="checkbox"/> Recompletion Same Zone	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate
Other (Please explain)	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hudson Federal	Well No. 1	Pool Name, including Formation Golden Lane (Strawn)	Kind of Lease State, Federal or Fee Fee	Lease No. LC0-070286
Location Unit Letter J , 1650 Feet From The South Line and 1650 Feet From The East Line of Section 29 Township 20S Range 30E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> ECOT Energy Operating LP	Address (Give address to which approved copy of this form is to be sent) P. O. Box 149, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 79999
If well produces oil or liquids, give location of tanks. Unit J Sec. 29 Twp. 20S Rge. 30E	Is gas actually connected? Yes When 7-31-74

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.

Proration Supervisor

(Title)

4-27-87

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 5 1987**

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.