

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

Operator Emcor Petroleum, Inc. <input checked="" type="checkbox"/>	
Address 303 East 17th Avenue, Suite 500, Denver, Colorado 80203	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate

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 Inexco Federal	Well No. 1	Pool Name, including Formation Burton Flat Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM 3607
Location Unit Letter <u>E J</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>21S</u> Range <u>23E</u> , NMPM, Eddy 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)
<u>Transco Crude Oil Refining Co.</u>	<u>P.O. Box 175, Tulsa, Ok 74101</u>
Name of Authorized Transporter of 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)
<u>Transco Gas Co.</u>	<u>P.O. Box 132, Tulsa, Ok 74101</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>Unit 12, Sec. 21, R. 23E</u>	<u>Yes 4-7-76</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, 19  
BY Original Signed By  
Leslie A. Clements  
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.

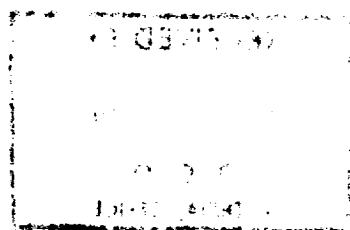
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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.

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



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