STATE OF NEW MEXICO		
ENERGY AND MINERALS DEPARTMENT		Form C-104
		Revised 10-01-78 Format 06-01-83
DISTRIBUTION	OIL CONSERVA	TION DIVISION RECEIVED
	P. O. BO)	
U.S.O.S.	SANTA FE, NEW	
LAND OFFICE		0CT 03'88
TRANSPORTER GAS	REQUEST FOR	ALLOWABLE
OPERATOR V	AN	ND O, C, D,
PROPATION OFFICE	AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS ARTESIA, OFFICE
Operator		
	ENNZOIL EXPLORATION AND	PRODUCTION COMPANY V
Address		
P	. O. DRAWER 1828, MIDLA	ND, TX 79702-1828
Resson(s) for filing (Check proper box)		Other (Please explain)
New Well	Change in Transporter of:	NOTIFICATION OF COMPANY NAME CHANGE FROM PENNZOIL COMPANY TO PENNZOIL
Recompletion		TOTAL TRADICITION AND DRODUCTION COMPANY
Change in Ownership	Casinghead Gas Co	Andensate EXPLORATION AND PRODUCTION CONFANT
If change of ownership give name		
and address of previous owner		
	EFFECTIVE IC	2-1-81
I. DESCRIPTION OF WELL AND	i Well No. Pool Name, including ro	ormation Kind of Lease Lease No.
O'Neill Federal	1 Black River	Bone Spring Gas State, Federal or File Federal LC 065421
Location	<u></u>	
L 1980	Feet From The South_Lin	e and <u>660</u> Feet From The <u>West</u>
Unit Letter:::		
Line of Section 11 Town	nship 24S Range 26	E , NMPM, Eddy County
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL	, GAS Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil (
None Name of Authorized Transporter of Cash	nghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
		0
None	Unit , Sec. Twp. Rge.	Is gas actually connected? When TOSTIA-3
If well produces oil or liquids, give location of tanks.		No. 11-4-88
If this production is commingled with	that from any other lease or pool	AL - ALA AD
NOTE: Complete Parts IV and V	on reverse side if necessary.	
	ICE	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE		
I hereby certify that the rules and regulation	ns of the Oil Conservation Division have	APPROVED 06 1988
been complied with and that the information my knowledge and belief.	a given is true and complete to the best of	By Original Signed By
my knowledge and benef.	\ \	By Original Signed By Mike Williams
$\rho \rightarrow \gamma \rightarrow \gamma$		TITLE
		This form is to be filed in compliance with RULE 1104.
10y 1. A	W. Al	If this is a request for allowable for a newly drilled or deepened
(Signal	Anden	It ture is a teddest for stipments for a newly diffind of neebolies
PRODUCTION ACCOUNTANT		well, this form must be accompanied by a tabulation of the deviation
	ACCOUNTANT	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
(Tul	ACCOUNTANT	well, this form must be accompanied by a tabulation of the deviation
OCTOBER 1	ACCOUNTANT , 1988	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 allow-

Separate Forms C-104 must be filed for each pool in multipl completed wells.