Г	ED BY	• • • • • • • •						
	<b>DEC 19</b> 1985							
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	Form C-104							
DIATRIBUTION	Revised 10-01-78 Format 06-01-83 Page 1							
FILE	P. O. BO SANTA FE, NEW		•					
LAND OFFICE	A	R ALLOWABLE ND PORT OIL AND NATURAL GAS						
1. Operator		/						
Address Broom Corporation	rand Broom Transportal	tion, Inc.						
	tesia, New Mexico 882							
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)						
Recompletion		Y Gas CHANGE IN OW.	NERSHIP					
X Change In Ownership	Casinghead Gas Ca	ondensate						
	din-Houston, Inc. and ( 3 W. Murphy, Odessa, Te	Champion Chemicals, Inc., exas 79763						
II. DESCRIPTION OF WELL AND L	EASE Well No.   Pool Name, Including Fo	Symation / Kind of Lease	Lease No.					
TRACY	3 SALADO	DALAS Source State, Federal or Fe	• FEE					
Locailon	· .	• and . (all Feet From The V	×1					
Unit Letter;60	Feet From TheS Lin							
Line of Section 3 Townsh	ip 225 Range	27E , NMPM, EDDY	County					
III. DESIGNATION OF TRANSPOR	CTER OF OIL AND NATURAL	, GAS Add:ess (Give address to which approved cos	py of this form is to be sent)					
Name of Authorized Transporter of Casingh	head Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, Un give location of tanks.	118 Sec. Twp. Rge.	Is gas actually connected? When I	1-10-86 Chg. Dp. Name					
If this production is commingled with th	net from any other lease or pool,	give commingling order number:						
NOTE: Complete Parts IV and V or	n reverse side if necessary.							
VI. CERTIFICATE OF COMPLIANCE	E							
I hereby certify that the rules and regulations of been complied with and that the information given being the second sec	of the Oil Conservation Division have iven is true and complete to the best of	APPROXED IN Las A. Character By Las A. Character						
		TITLE SUPERVISOR, DISTRICT	11					
L'IL	· /	This form is to be filed in compli	ance with RULE 1104.					
(YNCA) A) XX00 (Signature)	<u>m</u>	If this is a request for allowable i well, this form must be accompanied b tests taken on the well in accordance	y a tabulation of the deviation					
- President, Broom Trans	portation, Inc	All sections of this form must be able on new and recompleted wells.						
Vecember 19,	1985	Fill out only Sections 1, 11, 111, and VI for changes of owner, well name or number, or transporter, or other such change of condition.						
12914)		Separate Forms C-104 must be f completed wells.						

Separate Fo completed wells,	must	b₽	filed	for	each	pool	In	multiply