

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 06-01-83
Page 1

I. Operator
Reading & Bates Petroleum Co. ✓

Address
2412 N. Grandview, Suite 201, Odessa, Texas 79761

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)
Effective July 1, 1985

If change of ownership give name and address of previous owner DeltaUS Corporation, 3100 C. North "A" Street, Midland, Texas 79705

II. DESCRIPTION OF WELL AND LEASE

Lease Name Donaldson Comm "A"	Well No. 1	Pool Name, including Formation South Culebra Bluff Atoka	Kind of Lease State, Federal or Fee Fee	Lease N
Location Unit Letter <u>F</u> : <u>1930</u> Feet From The <u>North</u> Line and <u>2303</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>23S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> Count				

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>The Permian Corporation</u>	<u>P. O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead 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>El Paso Natural Gas Co.</u>	<u>P. O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>F</u> <u>23</u> <u>23</u> <u>28</u>	<u>Yes</u> <u>July 12, 1978</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Post ID-3

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.

[Signature]
(Signature)
Area Superintendent
(Title)
August 14, 1985
(Date)

OIL CONSERVATION DIVISION chg op
APPROVED AUG 28 1985
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 deviated 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 multiphase completed wells.