

SEP 25 1984

O. C. D.
ARTESIA, OFFICESTATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
Revised 10-01-78
Format 06-01-83
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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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1/1
FILE	1/1
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL 1/1
	GAS 1/1
OPERATOR	1/1
PRODUCTION OFFICE	

Operator Cimarron Energy Corporation	
Address P.O. Box 1525, Carlsbad, New Mexico 88220	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate RE-ENTRY

If change of ownership give name
and address of previous owner _____II. DESCRIPTION OF WELL AND LEASE **R-1185 1/11/85**

Lease Name Watts Federal #1	Well No. #1	Pool Name, including Formation Undesignated (Delaware) LOVING	Kind of Lease State, Federal or Fee Federal	Lease No. NM 22073
Location				
Unit Letter A	910'	Feet From The NORTH	Line and 800'	Feet From The EAST
Line of Section 31	Township 23 South	Range 28 East	NMPM, EDDY County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Marathon Oil Company The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 552, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NEGOTIATING	Address (Give address to which approved copy of this form is to be sent) Post 10-2 10-25-84
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
A 31 23S 28E	Is gas actually connected? NO
	When NEGOTIATING

If this production is commingled with that from any other lease or pool, give commingling order number: Not Applicable

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.

La Tannia J. Klipstine

CORPORATE SECRETARY

(Title)

9-18-84

(Date)

OIL CONSERVATION DIVISION

OCT 25 1984

APPROVED _____, 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.