STATE OF NEW MEXICO ENERGY AND MINERALS CEPARTMENT	NOV 23 '87
Image:	ATION DIVISION
	OR ALLOWABLE AND SPORT OIL AND NATURAL GAS
Operator DINERO OPERATING COMPANY Address P.O. Drawer 10505, Midland, Texas 7970 Reason(s) for filing (Check proper box)) 2 Other (Please explain)
	Yy Gas Jondensate
If change of ownership give name and address of previous owner	
Location	ch (Morrow)Gas State, Federal or Fee State LG001 L7012
Unit Letter P: 660 Feet From The South Li Line of Section 16 Township 225 Range 2	ne and <u>990</u> Feet From The East 28E , NMPM, Eddy County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	LGAS Addiess (Give address to which approved copy of this form is to be sent)
Pride Pipeline Company	P.O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas or Dry Gas (X) El Paso Natural Gas Company If well produces oil or liquids, Unit Sec. Twp. Sge.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978
give location of tanks. P = 16 = 22S = 28E If this production is commingled with that from any other lease or pool,	yes 8-22-85 Post ID-3
NOTE: Complete Parts IV and V on reverse side if necessary.	Hold LIT: PPC
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	APPROVED, 19 ByOriginal Signed By Mike Williams TITLECil & Gas Inspector
MULLIC KULTCIC Dana Ralston (Signalwe) Production Clerk	This form is to be filed in compliance with AULE 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 AULE 111.
(Tule) 11-19-87	All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.
(Date)	well name or number, or transporter, or other such changes of condition

Separate Forms C-104 must be filed for each pool in multiply comoleted wells.

RECEIVED