

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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<input checked="" type="checkbox"/>	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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MAY 09 '88

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C. D.
ARTESIA OFFICE

I.

Operator LEOH Management Co. ✓	
Address P.O. BOX 1193, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Tempo Energy, Inc., 4000 N. Big Spring - Suite 109, Midland, TX 79705

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Poker Lake Superior</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Corral Canyon Delaware</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-10678</u>
Location Unit Letter <u>K</u> ; <u>2002</u> Feet From The <u>West</u> Line and <u>1992</u> Feet From The <u>South</u> Line of Section <u>8</u> Township <u>25S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> 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"/> <u>Permian</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, TX 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1959, Midland, TX 79702</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>8</u>
	Twp. <u>25S</u>	Rge. <u>30E</u>
Is gas actually connected?	When	
<u>yes</u>	<u>5-4-88</u>	<u>Post ID-3</u> <u>7-15-88</u> <u>shg op</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.

Thom S. Siff
(Signature)
Partner
(Title)
5-6-88
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 12 1988, 19
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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.