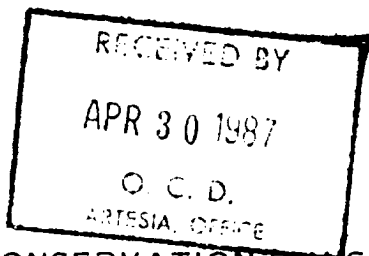


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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JAN 20 9 11 AM '89  
Form C-104  
Revised 10-01-78  
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 30 '89

O. C. D.

ARTESIA, OFFICE

I. Operator Autry C. STEPHENS

Address 110 N. Marienfeld, Suite 110 Midland, TX 79701

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)

If change of ownership give name and address of previous owner FINA OIL & CHEMICAL COMPANY, Box 2990, Midland, TX 79702-2990

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>White Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Mason Delaware, North</u>	Kind of Lease <u>State, Federal or Fee Federal LC</u>	Lease No. <u>070869</u>
Location Unit Letter <u>H</u> , <u>2310</u> Feet From The <u>North</u> Line and <u>320</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>26S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, Oklahoma 74004 POST BOX 3</u>
If well produces oil or liquids, give location of tanks. Unit <u>N</u> Sec. <u>26</u> Twp. <u>26</u> Rge. <u>31</u>	Is gas actually connected? <u>No</u> When <u>1-1-88</u> <u>chg op.</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.

Autry C. Stephens  
(Signature)  
Operator  
4/28/87  
(Date)

OIL CONSERVATION DIVISION  
DEC 30 1987  
APPROVED \_\_\_\_\_, 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.