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STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENTForm C-104  
Revised 10-01-78  
Format 03-01-83  
Page 1

## 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	✓
FILE	✓
U.S.D.C.	✓
LAND OFFICE	
TRANSPORTER	
OIL	✓
GAS	✓
OPERATOR	✓
REGISTRATION OFFICE	

I. Operator Earle M. Craig Jr. Corporation

Address P. O. Box 1351, Midland, Texas 79702

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 12/1/84

If change of ownership give name and address of previous owner Sun Exploration & Production Co., P. O. Box 1861, Midland, TX 79702

## II. DESCRIPTION OF WELL AND LEASE

NM-0437880

Lease Name <u>Phantom Draw Unit Fed</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Phantom Draw Wolfcamp</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>Above</u>
Location Unit Letter <u>M</u> : <u>800</u> Feet From The <u>South</u> Line and <u>1000</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>26S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

## 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, TX 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 Company</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
Unit <u>M</u> Sec. <u>20</u> Twp. <u>26S</u> Rge. <u>31E</u>	Yes <u>Unknown</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.

W. A. H. H. H.  
(Signature)  
Agent  
(Title)  
12/19/84  
(Date)

## OIL CONSERVATION DIVISION

DEC 28 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.

Post ID-2  
12-28-84  
Chg. DP.