## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| 99. 94 COPIES BEE | *   * * * * |    |    |
|-------------------|-------------|----|----|
| OISTRIBUTE        | ON          |    | Ι. |
| SANTA FE          | 17          |    |    |
| FILE              | 1           | Į. |    |
| U.S.Q.S.          |             |    |    |
| LAND OFFICE       |             |    |    |
| TRANSPORTER       | OIL         | 12 |    |
|                   | GAB         |    |    |
| OPERATOR          |             |    |    |
| PRORATION OFFICE  |             |    |    |

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JUL -1 1987

O. C. D.

ARTESIA, 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

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

## REQUEST FOR ALLOWABLE AND MITHOPIZATION TO TRANSPORT OF AND NATURA

| PROBATION OFFICE  | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS |  |             |                |                            |                     |                          |                            |                |
|---|--|--|-------------|----------------|----------------------------|---------------------|--------------------------|----------------------------|----------------|
| I. Operator   |  |  |             | ·····          | <del></del>                |                     | <del></del>              |                            |                |
| Frod Chapman & Associa  | tes V  |  |             |                |                            |                     |                          |                            |                |
| Address   |  |  |             |                |                            |                     |                          |                            |                |
| c/o Oil Reports & Gas   | Services.                                      | Inc., F                                | 3ox 755.    | . Hobbs        | NM 882                     | 41                  |                          |                            |                |
| Reason(s) for filing (Check proper box)   |  |  |             |                | Other (Pleas               | e explain)          |                          |                            |                |
| New Well  |  | n Transporter                          |             |                |                            |                     |                          |                            |                |
| Recompletion  | j∯ ou  |  | 7           | ry Gas         | Eff.                       | July 1              | l, 1987                  |                            |                |
| Change in Ownership   | Cost   | Inghead Gas                            | <u> </u>    | ondensate      | <del> </del>               |                     |                          |                            |                |
| If change of ownership give name  |  |  |             |                |                            |                     |                          |                            |                |
| and address of previous owner   |  |  | <del></del> |                |                            | <del></del>         |                          | ·····                      | <del></del>    |
| II. DESCRIPTION OF WELL AND   | TEASE  |  |             |                |                            |                     |                          | LC-06                      | 1581           |
| Lease Name  | Well No.                                       | Pool Name,                             | Including F | ormation       |                            | Kind of Le          | ase                      |                            | Lease No.      |
| Gulf Federal  | 1  | Brushy                                 | Draw De     | laware         |                            | State, Fed          | eral or Fee              | Federal                    | Above          |
| Location  |  |  |             |                |                            |                     |                          |                            |                |
| Unit Letter F : 23  | 10 Feet Fro                                    | m The No                               | orth Lin    | e and          | 1650                       | Feet Fro            | m The                    | West                       |                |
|   |  |  | •           |                |                            |                     |                          |                            |                |
| Line of Section 24 Tow  | nship  | 26S                                    | Range       | 29E            | , NMPN                     | <u>(,</u>           | Eddy                     | 7                          | County         |
| Name of Authorized Transporter of Oil Navajo Refining Company Name of Authorized Transporter of Cas   |  | or Dry G                               |             | P. O.          | Box 159.                   | Artesi              | la. NM 8                 | f this form is to          | TO-3           |
| If well produces oil or liquids, give location of tanks.  | Unit Sec                                       | . Twp.                                 | Rge.        | ls gas act     | No.                        | •d? ;               | When                     | chg                        | LT: PER        |
| If this production is commingled with   | h that from ar                                 | y other less                           | e or pool,  | give comm      | ingling orde               | r number:           |                          |                            |                |
| NOTE: Complete Parts IV and V   |  |  |             |                |                            | _                   |                          |                            |                |
| VI. CERTIFICATE OF COMPLIAN   |  | —————————————————————————————————————— |             |                | OIL C                      | ONSERV              | ATION D                  | VISION<br>87               |                |
| 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 |  | APPRO                                  | Orig        | inal Signe     |                            | , 1                 |                          |                            |                |
| my knowledge and belief.  |  |  |             | BY             | man same                   | A. Cleme            |                          | ·                          |                |
|   |  |  |             | TITLE          | Supa                       | rvisor Dist         | rict II                  |                            |                |
| 1.4   | . 1  |  |             |                | - (a le te                 | he filed t          | n complianc              | • with AULE                | 1104           |
| 1 On and  | 1 alles  | •                                      |             |                |                            |                     |                          | newly drilled              | _              |
| (Signat   | we)  |  |             | well, the      | is form musi<br>ken on the | be accom            | penied by a cordance wit | tabulation of th MULE 111. | the deviation  |
| Agent<br>(Title   | -  |  |             | Ali<br>able on | sections of<br>new and re- | this form completed | must be fille<br>wells.  | d out complete             | ely for allow- |
| 6-30-   | 87   |  |             | Fill           | out only S                 |                     |                          | VI for change              |                |

completed wells.