

**RECEIVED BY**  
**JUL 30 1986**  
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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF FORMS RECEIVED	
DISTRIBUTION	
BACKLOG	✓
FILE	✓
U.S.C.S.	✓
LAND OFFICE	✓
TRANSPORTER	OIL ✓ GAS ✓
OPERATION	✓
PRODUCTION OFFICE	✓

OIL CONSERVATION DIVISION  
P. O. BOX 2028  
SANTA FE, NEW MEXICO 87501

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

**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator: Worth Petroleum Company

Address: P O Box 17406, Fort Worth, TX 76102

Reason(s) for filing (Check proper box):  
 New Well  
 Re-completion  
 Change in Ownership  
 Change in Transporter of Oil  
 Change in Transporter of Gas  
 Dry Gas  
 Condensate

Other (Please explain): Effective 08-01-86

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Worth Federal</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Brushy Draw-Delaware</u>	Kind of Lease State, Federal or Fee. <u>Federal</u>	Lease No. <u>NM-21767</u>
Location				
Unit Letter <u>A</u>	<u>1012</u>	Feet From The <u>North</u>	<u>590</u>	Feet From The <u>East</u>
Line of Section <u>22</u>	Township <u>26S</u>	Range <u>29E</u>	<u>NMPM</u>	Eddy County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

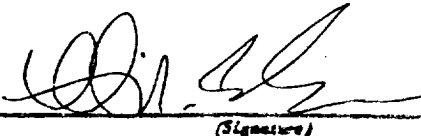
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P O Drawer 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Gas <input checked="" 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 2197 Houston, TX 77002 Post ID-3</u>
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>22</u> Twp. <u>26S</u> Rge. <u>29E</u>	Is gas actually connected? When <u>YES</u> <u>3/19/85</u> <u>8-8-86</u> <u>CHJ NT:PER</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.



President

(Title)

July 28, 1986

(Date)

OIL CONSERVATION DIVISION

**AUG -7 1986**

APPROVED \_\_\_\_\_

BY Original Signed By  
Les 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.