JUL 3 1 1987

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	E114 E4		
101 TUBI RT810			
SANTA FE			
FILE			$\mathbf{V}$
U.S.G.S.			
LANG OFFICE		$\Box$	
TRANSPORTER	OIL	V	
	448		
OPERATOR		V	
PROBATION OFFICE			

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 completed wells.

REQUEST FOR ALLOWABLE AND

PRODATION OFFICE				ND			
T :	AUTHOR	IZATION T	O TRANS	PORT OIL AND NATI	JRAL GAS	30-015-2	5061
Operator					AFI,	30-013-2	3001
	itad Da	ntnonchi	~ <i>i</i>				
Mesa Operating Lim	reu Pa	rthershi	υ		<del></del>		
		T	.0100				
P.O. Box 2009. Amai		iexas /	9189	Other (Pleas			
New Well	Chance to	Tomonomo	<b>~</b> 4.	<b>i</b>	•		
	Change in Transporter of:			ry Gas	Request Test Oi	l Allowa	ble for
Recompletion				77 000	<del>luly</del> 200 BBLS	3 <i>t</i> -	$t^* = \tilde{\beta}$
Change in Ownership		duede Cas		ondensate //	540/ 1957-	1000	13/41/936
If change of ownership give name and address of previous owner	, <u></u>				<u></u>		
II. DESCRIPTION OF WELL AND I	EASE						
Legge Name	Well No. Pool Name, Including F			noisemo	Kind of Lease	1	Lease No.
White City 14 Federal	2	2 Undesignated Delaware		State, Enderal or Fee	ne?	19423	
Location							
Unit Letter J : 1650	Feet Fro	m The Sou	ith Lu	ne and 1650	Feet From The	East	
	_						
Line of Section 14 Townsh	<u>ир 2</u>	<u>5S</u>	Range	26E , NMPI	4. Eddy		County
							_
III. DESIGNATION OF TRANSPOR				L GAS			
Name of Authorized Transporter of Oll				Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation			Box 1103 Houston, Texas 77251				
Name of Authorized Transporter of Casing	nead Gas (	or Dry G	ids 🔲	Address (Give address	to which approved copy o	if this form is	to be sent;
If well produces oil or liquids,	•		Rge.	Is gas actually connec	red? When		
give location of tanks.	J   1	4   25	26	No	· · · · · · · · · · · · · · · · · · ·		
If this production is commingled with the	hat from en	y other less	e or pool,	give commingling orde	r number:		
•				•	<del></del>		
NOTE: Complete Parts IV and V or	n reverse si	ide if neces	sary.				
VI. CERTIFICATE OF COMPLIANCE				OIL	CONSERVATION DI	VISION	•
VI. CERTIFICATE OF COMMEDIANCE		APPROVED AUG 1 1 1987					
I hereby certify that the rules and regulations				APPROVED	AUGIIK	201	, 19
been complied with and that the information given is true and complete to the best of my knowledge and belief.			Original Signed	₫ By			
		BY	Les A. Clemer				
		TITLE	Supervisor Distri				
		This form is to be filed in compliance with RULE 1104.					
K. L. //www		11			- · · · •		
Signature	<del>,</del>			well, this form mus	uest for allowable for a it be accompanied by a	a newly drill tabulation	ied or deepened of the deviation
Regulatory Agent				teets taken on the	well in accordance wi	th RULE 11	1.
(Title)					this form must be fille	ed out compl	etely for allow-
7-30-87				able on new and re	•	1 <b>.18 (</b> aa ste	
(Date)					Sections I, II, III, and r, or transporter, or othe		

xc: NMOCD-A (0+4), Prod. Rcds., Reg., Expl., Partners