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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator SLASH FOUR ENTERPRISES, INC.	
Address P.O. Box 1433, ROSWELL, NM 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate <input type="checkbox"/> Dry Gas <input type="checkbox"/> Coastinghead Gas
EFFECTIVE 5/1/90	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name TOLTEC	Well No. 1	Pool Name, including Formation DIABLO, SAN ANDRES	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter 0 ; 330 Feet From The SOUTH Line and 2310 Feet From The EAST Line of Section 22 Township 10 S Range 27 E , NMPM, CHAVES 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"/> ENRON OIL TRADING & TRANSPORTATION CO.	Address (Give address to which approved copy of this form is to be sent) P.O. B. 2297, MIDLAND, TX 79702	
Name of Authorized Transporter of Coastinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Post ID-3	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 22
	Twp. 10 S	Rge. 27 E
	Is gas actually connected?	When
	No	5-4-90
		chg LT: PER

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.

P

(Signature)
PHILIPS WHITE, PRESIDENT

(Title)
4/23/90

(Date)

OIL CONSERVATION DIVISION
MAY 7 1990

APPROVED _____, 19_____
BY _____
ORIGINAL SIGNED BY
MIKE WILLIAMS
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.