STATE OF NEW MEXICO	
ENERGY AND MINERALS DEPARTMENT	
50. 00 (SPICE SECTIVES	Form C-104 Revised 10-01-78
DISTRIBUTION OIL CONSERVA	ATION DIVISION Format 06-01-83 Page 1
P. O. BOX 2088	
LAND OFFICE	
TRANSPORTER	
	RALLOWABLE
AND	
I AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
Operator Data and Data an	
Bonner Plumbing Inc.	
Address Dt U Dors O((T 1)) T T to ball	
Rt. 4 Box 866 Lubbock, Texas 79424 Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	To change Operator name to;
Recompletion OII Dr	y Cons Bonner Plbg. Inc.
X Change in Ownership Casinghead Gas Cc	ondensate
I change of ownership give name Sonship ail Producin	1 Jopen. Inc. " The Plase
and address of previous owner Mobil Producing Peras	New Mexico Inc. Houston, 1x, 77046
H. DESCRIPTION OF WELL AND LEASE	
Lease Name Well No. Pool Name, Including Fo	
Government K 2 Querecho Pla	ains-Upper Bongrate, Federal USA-N.M
Location	0554967
Unit Letter K : 1950 Feet From The South Line and 1980 Feet From The West	
Line of Section 23 Township 18S Rances 32-E , NMPM, Lea County	
Line of Section 27 Township 100 Rance J2-E , NMPM, Lea County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Koch Service Inc.	P.O. Box 1558 Breckenridge.Tx. 76024
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Co	P.O Box 2105 Hobbs N.M. 88246
If well produces oil or liquids, give location of tanks. K 23 18-5 32-E	Is gas actually connected? When
	yes 12-19-86
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	OIL CONSERVATION DIVISION
	IIIN 2 0 1988
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	APPROVED
my knowledge and belief.	BYEddie M Seav
1	and a Carcinenector
	TITLE (NI & GUS Mapotta)
This form is to be filed in compliance with RULE 1104.	
Signature)	If this is a request for allowable for a newly drilled or deepense well, this form must be accompanied by a tabulation of the deviatior
heredint	tests taken on the well in accordance with RULE 111.
(Title)	All sections of this form must be filled out completely for allow able on new and recompleted wells.
5-23-88	Fill out only Sections I, II, III, and VI for changes of owner,
(Date)	well name or number, or transporter, or other such change of condition

Soparate Forms C-104 must be liled for each pool in multiply completed wells.

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