STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION					
SANTA PE					
FILE					
V.5.#.A.					
LAND OFFICE					
TRANSPORTER	OIL				
	GAB				
OPERATOR					
PRORATION OFFICE					

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NORTH LEA JOINT VENTURE				
Address	<u> </u>			
P. O. BOX 866816, PLANO, TEXAS 75086 Resson(s) for filing (Check proper box)	Other (Please	explaint		
New Well Change in Transporter el:	OC. (C. C.C.)		•	ŀ
	r Gas			
	ndensæte		•	1
· ·	L_·		· · · · · · · · · · · · · · · · · · ·	
f change of ownership give name	•		•	
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including Fo	xmation	Kind of Lease		Lease No.
BETENBOUGH 2 BOUGH SAN A	NDRES	State, Federal or Fee	ee.	
Location				
Unit Letter M : 660' Feet From The SOUTH Line	end 6601	Feet From The	JEST	
Unit Letter M : 660' Feet From The SOITPH Line			1. <u>1</u>	
Line of Section 12 Township 9_5 Range	35-E , NMPM		Fλ	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS	·		
Name of Authorized Transporter of OU X or Condensate	Address (Give address to which approved copy of this form is to be sent)			
PRIDE PIPELINE COMPANY	P. O. BOX 2436, ABILENE, TEXAS 79604			
Name of Authorized Transporter of Cazanghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
WARREN PETROLEUM CORP.	P. O. BOX 1589, TULSA, OKLAHOMA 74102			
If well produces eil er liquide, Unit Sec. Twp. Rge.	ls gas ectually connect	d7 When		
give location of tanks. N 12 9 35	YES			
If this production is commingled with that from any other lease or pool,	give commingling orde	number:		
•		"		
NOTE: Complete Parts IV and V on reverse side if necessary.	46	•		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
		85-	•	
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED:	APR -	2 1987 - .	19
been complied with and that the information given is true and complete to the best of my knowledge and belief.			THE SEALUL	N!
my knowledge and object.	BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR			
(Mm (- 1 //)				
(Mar 1817 Id	This form is to	be filed in complise	nce with sur F	. 1184
allementerold	l1	uest for allowable fo		
. (Signature)	well, this form mus	t be accompanied by	a tabulation of	the deviction
Agent for North Lea Joint Venture	1	well in accordance		·
(Title)	All sections of this form must be filled out completely for allow able on new and recompleted wells.			
3/31/87	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.			
(Date)				
•	Separate Forms C-104 must be filed for each pool in multiply completed wells.			

APR 1987
APR OCOFFICE