

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Gene Milford dba Milford Oil Company		
Address c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, New Mexico 88241		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	Filed to reflect exact name as shown on bond.
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Suzanne State	Well No. 1	Pool Name, including Formation Mescalero San Andres	Kind of Lease State, Federal or Fee State	Lease No. E-1110
Location Unit Letter <u>I</u> : <u>660</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>South</u> Line of Section <u>27</u> Township <u>10S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

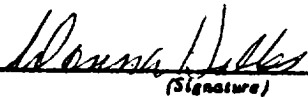
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas 75221					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 27	Twp. 10S	Rge. 32E	Is gas actually connected? No	When

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.

  
(Signature)

Agent

(Title)

3/22/88

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 24 1988, 19

BY \_\_\_\_\_

ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.

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OIL CONSERVATION DIVISION  
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SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Gene Milford  
Address c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, New Mexico 88241  
Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change in Transporter of:  
☐ Recompletion ☐ Oil ☐ Dry Gas  
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate  
Other (Please explain) Effective 4/1/87

If change of ownership give name and address of previous owner McClellan Oil Corporation - Box 848 - Roswell, New Mexico 88201

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Suzanne State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Mescalero San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-1110</u>
Location Unit Letter <u>I</u> : <u>660</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>South</u> Line of Section <u>27</u> Township <u>10S</u> Range <u>32E</u> , NMPM, <u>Lea</u> 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>Mobil Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 900, Dallas, Texas 75221</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>27</u>
	Twp. <u>10S</u>	Rge. <u>32E</u>
	Is gas actually connected? <u>No</u> When	

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.

W. Orin Hall  
(Signature)

Agent  
(Title)

4/27/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 5 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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