STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

PO. OF COPICE ECCLIVED			
DISTRIBUTION			
BANTA PE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THE RESTORTED	GAS		
OPERATOR		, .	
PROBATION 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

OPERATOR			AND			
PROBATION OFFICE	AUTHORIZA	ATION TO TRA	NSPORT OF	IL AND NATURAL (GAS	
I						
Operator						
Kelly H. B	axter					
Address						
P. O. Box	11193, M	idland, T	x 7970)2		
Reason(s) for filing (Check proper box				Other (Please expla	in)	
New Well		ransporter of:				
	Oil		Dry Gas	}		
Recompletion	}=	_	Condensate			,
XX Change in Ownership	Casingn	ead Gas	Condensate			
If change of ownership give name	Feagan E	nergy, In	e. P. C). Box 1736,	Midland, TX	79702
II. DESCRIPTION OF WELL AN	TO LEASE					
Legse Name	Well No. Po	ool Name, Includir	g Formation	Kind	of Lease	Leuse No.
Dessie Sawyer	2	Crossroa	ds. Sil	Luro Dev State	, Federal or Fee Fee	934329
Location	1	South		2310	West	*
Unit Letter K 2310	Feet From 1	The Bouti	Line and	Fee	et From The West	
Line of Section 27 To	waship 9S	Range	36E	, имри,	Lea	County
				TA		
III. DESIGNATION OF TRANS	PORTER OF OIL	<u>L AND NATU</u>	RAL GAS	10: ==11==========	ch approved copy of this fo	irm is to be sent!
Name of Authorized Transporter of Oil	or Cond	iensate 🗀	1			77001
The Permian Corp.			P. (). Box 1183	, Houston, TX	
Name of Authorized Transporter of Ca	singhead Gas	or Dry Gas	Address	s (Give address to whi	ch approved copy of this fo	rm is to be sent;
			1			
	Unit Sec.	Twp. Rge.	ls qus	actually connected?	When	
If well produces oil or liquids,	i	- i - i - i - i - i - i - i - i - i - i			1	
give location of tanks.						
If this production is commingled wi	ith that from any	other lease or po	ool, give cor	nmingling order num	oer:	
NOTE: Complete Parts IV and	V on reverse state	e if necessary.	11			
COMPLIA	NICE		Н	OIL CONS	ERVATION DIVISION	N
VI. CERTIFICATE OF COMPLIA	TACE		N.		NAV 6 2 1000	
I hereby certify that the rules and regulati	ions of the Oil Cons	ervation Division h	ave APPI	ROVED	HUY VN P	19
been complied with and that the information given is true and complete to the best of			XTON			
my knowledge and belief.		∥ BY_	DISTRICT I SUPERVISOR			
	,		W -,-,	· ·		
r. M. Il Cart			TITLE			
		- -	This form is to be filed in compliance with RULE 1104.			
If this is a request for all			or allowable for a newly	y drilled or deepened		
Owner	alwe)		tests	takun on the well	ccompanied by a tabula in accordance with RUL	.K 111.
(Title)			- able	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
October 2	24, 1988		1	Fill out only Section	ns I, II, III, and VI fo	r changes of owner,
(Date)			well i	name or number, or to	ansporter, or other such	change of condition