

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 09-01-83  
Page 1

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION		
SANTA FE		
FILE		
U.S. 8		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator ESTACADO, INC.

Address P.O. BOX 5587, HOBBS, NEW MEXICO 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) EFFECTIVE 1-1-87.

If change of ownership give name and address of previous owner MOBIL PRODUCING TEXAS + NEW MEXICO INC., P.O. BOX 633, MIDLAND, TEXAS 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>PRUITT "A"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>VADA PENN</u>	Kind of Lease State, Federal or <u>Fed</u>	Lease No. <u>—</u>
Location Unit Letter <u>E</u> : <u>660</u> Feet From The <u>WEST</u> Line and <u>1830</u> Feet From The <u>NORTH</u>				
Line of Section <u>22</u> Township <u>9-5</u> Range <u>34-E</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>AMOCO PIPELINE COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>302 AVE. "A", LOVINGTON N.M. 88260</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>WARREN PETROLEUM COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>BOX 67, MONUMENT, N.M. 88265</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>YES</u> When <u>1-3-69</u>
Unit <u>E</u> Sec. <u>22</u> Twp. <u>9</u> Rge. <u>34</u>	

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.

OKlear  
(Signature)  
VICE PRESIDENT  
(Title)  
DEC. 30, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 31 1986, 19 —

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE —

This form is to be filed in compliance with RULE 1102.

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.

RECEIVED

DEC 30 1986

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