STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA FE			
PILE			
U.1.0.1.			
LAND OFFICE			
TRANSPORTER	OIL		
	0/6		
OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 00-01-83 Page 1

RECUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				
NORTH LEA JOINT	VENTURE			
Address				
P.O.BOX 866816.	Plano, Texas 75086			_
Ferson(s) for filing (Check proper box)		Other (Please	e explain)	
New Well	Change in Transporter of:			
Recompletion		y Gas		
X Change in Ownership	Casinghead Gas	andensate		
				······································
If change of ownership give name and address of previous owner <u>APC</u>	TTO ENERCY INC POB	OX 5315 HOBBS.	NEW MEXICO 88241	
and address of previous owner <u>Art</u>	LEO ENERGI, INC. 1.0.D	<u>on 5515, nobbo</u> ,		
H DECONDENCAL OF WELL AND I	E A SE			
II. DESCRIPTION OF WELL AND L	F WELL AIND LEASE Well No. Pool Name, Including For		Kind of Lease SW-524	Lease No.
	1 VADA PENN	•	State, Federal or Fee Oil Com.	
MIDWEST "E"FED.COM.	1 VADA TEAA			·
Location Unit Letter E : 1980' Feet From The NORTH Line and 660' Feet From The WEST				
Unit Letter <u>E</u> ; <u>1980</u> .	Feet From The NURIH Lin	e and 000	Feet From The	
		0.0 F	. Ioo	County
Line of Section 25 Townsh	1p -9-S Range -	33-Е , ММРК	, Lea	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Cil X	or Condensate	Andress (Give address to which approved copy of this form is to be sent)		
Amoco Pipeline Company		2300 Cont'1 Bank Bldg., For Worth, Texas Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casing	nead Gas 🕅 or Dry Gas	Address (Give address	to which approved copy of this form is to	o be sent)
Warren Petroleum Compan	1V	P.O.BOX 1589,1	<u>ulsa,Oklahoma 74102</u>	
111	It Sec. Twp. Rge.	Is gas actually connect	led? When	
If well produces oil or liquids, give location of tanks.	F 25 9 33	Yes	N/A	
L				

If this production is commingled with thet from any other lesse 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.

Port :	North And	7 Enteri
dina)	(Signature)	Cive 4-
	1- 7- 17	
	(Date)	

OIL	CONSERVA					
APPROVED			, 12			
BY ORIGINAL SIGNED BY JERRY SEXTON						
DISTRICT I SUPERVISOR						
TITLE	DISTRICT I S	UPERVISON				

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.

