

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	NORTH LEA JOINT VENTURE		API 30 025 23614
Address	P.O. BOX 866816, Plano, Texas 75086		B&P
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas		
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas		
	<input type="checkbox"/> Condensate		

If change of ownership give name and address of previous owner APOLLO ENERGY, INC P.O. BOX 5315, HOBBS, NEW MEXICO 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BETENBOUGH	4	BOUGH- PERMO-PENN	State, Federal or Fee FEE	
Location				
Unit Letter <u>J</u> ; <u>2310'</u> Feet From The <u>SOUTH</u> Line and <u>1980'</u> Feet From The <u>EAST</u>				
Line of Section <u>12</u> Township <u>-9-S</u> Range <u>-35-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"/>	Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipeline Corp. (Poration Dept.)	P.O.Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Company	P.O.Box 1589, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	12
		9
		35
Is gas actually connected?	When	
Yes	N/A	

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.

OIL CONSERVATION DIVISION

APPROVED JAN 9 1987, 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 filled for each pool in multiply completed wells.

North Lea Joint Venture  
(Signature)  
Jerry Sexton  
(Title)  
1-7-87  
(Date)

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JAN 7 1987  
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HCBBS OFFICE