STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

6-16-88

(Date)

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|-------------------|-------|---|--|
| DISTRIBUTION | | | |
| SANTA PE | | | |
| FILE | | | |
| U.S.O.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | 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

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.

REQUEST FOR ALLOWABLE

| OPERATOR | | | | MU | • | | |
|---|---|--|---------------------------|--|---|---------------------------------------|---------------------------------------|
| PROBATION OFFICE | AUTHOR | AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
| I. | | | | | MAL OAS | | |
| Operator | | | | | | | |
| Dwight A. Tipton | | | | | | | |
| Address | | | | | · · · · · · · · · · · · · · · · · · · | | ····· |
| c/o OIL Reports & Gas S | Services, | Inc., B | ox 755, | Hobbs. NM 8824 | 1 | | |
| Reason(s) for filing (Check proper box) | | | | Other (Pleas | e explain) | | |
| New Well | Change in | n Transporter | of: | | | | |
| Recompletion | OII | | | ry Gas | | | |
| Change in Ownership | X Casi | nghead Gas | c | ondensate | | • | |
| If change of ownership give name and address of previous owner | | | | | | | |
| II. DESCRIPTION OF WELL AND | | <u> </u> | | | | | |
| Lease Name | Well No. Pool Name, including Formation | | ormation | Kind of Lease | | Lease No. | |
| Coastal State | 2 | Flying | "M" Per | nn | State, Federal or Fee | State | L-188 |
| | 60 Feet Fro | | • | ne and 1980 | Feet From The | East | County |
| | | · · · · · · · · · · · · · · · · · · · | | ······································ | · · · · · · · · · · · · · · · · · · · | | |
| III. DESIGNATION OF TRANSPO | ORTER OF | OIL AND N | IATURA) | L GAS | | | |
| Name of Authorized Transporter of Oil | CX or C | ondensate [|) | Address (Give address | to which approved copy | of this form is t | o be sens; |
| Navajo Refining Company | | | | P. O. Box 159, | Artesia, NM 8 | 8210 | |
| Name of Authorized Transporter of Cast | nghead Gas 🏋 | K or Dry G | as 🗀 | Address (Give address | to which approved copy | of this form is t | o be sens) |
| Warren Petroleum Compan | У | | | P. O. Box 1589 | , Tulsa, OK 74 | 102 | |
| If well produces oil or liquids, | Unit Sec. | . Twp. | Rge. | Is gas actually connect | ed? When | | |
| give location of tanks. | В ! 9 | 98 | · 33E | Yes | . 5/27/ | 88 | |
| If this production is commingled with | that from an | y other leas | e or pool. | give commingling order | r number: | | |
| • | | | • | | | | |
| NOTE: Complete Parts IV and V | on reverse s | ide if neces. | sary. | | | | |
| VI. CERTIFICATE OF COMPLIANCE | | | OIL CONSERVATION DIVISION | | | | |
| I hereby certify that the rules and regulation been complied with and that the information | | | | APPROVED | · / : | · · · · · · · · · · · · · · · · · · · | 19 |
| my knowledge and belief. | · green is true at | ia compiete to | the best of | BYORIGI | NAL SIGNED FILES | MOTERTO PO | |
| | | | | | DISTRICT LARGETY | | |
| | | | | TITLE | 3(4-) | | · · · · · · · · · · · · · · · · · · · |
| . 1 11 2 | | | | This form is to | be filed in complian- | ce with any | f 1104 |
| House Walls | | | | 11 | est for allowable for | | |
| (Signati | re) | | | well, this form must | be accompanied by a | tabulation o | f the deviation |
| Age | | | | tests taken on the | well in accordance w | Ith MULE 111 | ١. |
| (Tule | , | | | All sections of able on new and rec | this form must be fill completed wells. | ed out comple | tely for allow |