STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

M & G Oil, Inc.

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SANTA FE			
FILE			
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LAND CFFICE			
TRANSPORTER	CIL		
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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form 0-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address		•				
P.O. Box 766 Tat Reason(s) for filing (Check proper box)	um. New mexico 8	8267				
Reason(s) for filing (Check proper box)			Other (Please ex	plain) AM	IENDED	
Now Yell	Change in Transporter of:					
Recompletion	O11 D	Try Gas			name fro	
Change in Ownership	Casinghead Gas C	Condensate	Company	to M &	G Jil, I	nc.
If change of ownership give name			To correct	pool des	ignation	
and address of previous owner						
H. DESCRIPTION OF WELL AND LE	EASE					
Lease Name	Weil No. Pool Name, Including F	Formation	Kı	nd of Lease		Lease No.
Hess State	1 North Bagle	v-Perm	n Penn st	ate, Federal or S	° state	F_1317
Location		7				
Unit Letter ; 2080_	Feet From The South LI	ne and <u>69</u>	01	Feet From The	Mest	
Line of Section 34. Townshi	P]]S Range	<u> </u>	, NMPM,	_Lea		County
•						•
III. DESIGNATION OF TRANSPORT		L GAS	Compandance to to	hich approved c	opy of this form is	s to be sent!
Name of Authorized Transporter of Cit	of Condensate	į				
Name of Authorized Transporter of Casingh	ead Gas or Dry Gas	201 Address (<u>Main St.</u> Give address to u	Suite 50 Nich approved c	OO FORT W	orth /61 s so be sens;
Warren Petroleum Comp	/\	PO	Box 1589	Tulsa (Okla. 741	02
Uni	t Sec. Twp. Rge.	Is gas act	naily connected?	When	<u> </u>	
If well produces oil or liquids, give location of tanks.	3/1 11\$ 33F	.	Ves	! A	oril. 197	2
	at from any other lease or pool.			,	7	
		, give comm	migring order no			
NOTE: Complete Parts IV and V on	reverse side if necessary.					
		11	OIL CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANCE			OIL CON	VOLHVATIO	A DIAIDIOIA	
I hereby certify that the rules and regulations o been complied with and that the information giv	f the Oil Conservation Division have	APPRO	VED	Nibis	186	_, 19
my knowledge and belief.			ORIGINAL SIG	NED BY JERO	Y SEXTON	
<u> </u>			***********	CT I SUPERVI		
I	<i>f</i> /	TITLE				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	Th	is form is to be	filed in comp	oliance with MU	LE 1104.
(Signasure)	108ck,	well, th	ds form must be	eccompanied	by a tabulation	illed or deepene
. Vice President		tests to	iken on the wel	l in accordance	CO WITH MULE 1	111.
(Title)		All able on	new and recon	s form must be apleted wells.	e fulled out com	pletely for allow
June 12, 1986 (Date)		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.				
			ed wells.	-104 must be	filed for each	pool in multiply