

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
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DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
FOSSIL FUELS INC

Address
PO BOX 479, DALLAS, TX 75221-0479

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 type="checkbox"/> Change In Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
FOSSIL FUELS INC. IS A SUBSIDIARY OF
STALLWORTH OIL & GAS, INC EFFECTIVE
1/1/86

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Midwest-State	Well No. 1	Pool Name, Including Formation Vada (Penn)	Kind of Lease State, Federal or Fee	Lease No. 15120
Location Unit Letter <u>N</u> : <u>1650'</u> Feet From The <u>West</u> Line and <u>990'</u> Feet From The <u>South</u> Line of Section <u>2</u> Township <u>9</u> Range <u>33</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"/> Mobil Oil Corporation <i>Jm Petroleum</i>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2080, Dallas, Tx. 75221-2080
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
N 2 9 33	yes Unknown

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.

Murray E. Helmers
(Signature)
Murray E. Helmers, Executive Vice President
(Title)
6/15/88
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 18 '88, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 allow-
able 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.