STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

UO. DF COPIES BEC	****		
DISTRIBUTION			
SANTA FE			
FILE			
U.3.G.8.			
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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE

OPERATOR	ND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
I.		
Operator		
Danny R. Watson Operatin g		
Address		
P.O. Box 8 Tatum, NM 88267		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Weil Change in Transporter of:		
Recompletion X OII D	ry Gas	
Change in Ownership Casinghead Gas Co	ondensate	
If change of ownership give name and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including F		
Tenneco Sunshine 1 B ough € -NorthE	Bagley Permo Penstate, Federal or Fee FEE #1	
Location 1980		
Unit Letter I 1680 Feet From The South Lin	ne and 660 Feet From The East	
Line of Section 1 Township 12S Range	32E , NMPM, Lea County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of Oil Condensate	Address (Give address to which approved copy of this form is to be sent)	
1 Comman doi por a cron	P.O. BOX 838 Hobbs, IIM 88240 Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Castingnead Gas A or Dry Gas		
Warren Petroleum Co.	P.O. Box 1589 Tulsa, OK	
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When	
give location of tanks.	Yes ' 8-2-88	
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.		
TOTAL Complete Later 17 and 17	1	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
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		
	DISTRICT 1 SUPERVISOR	
	TITLE	
	This form is to be filed in compliance with RULE 1104.	
· Horran Catson Ru	If this is a request for allowable for a newly drilled or deepened	
Operator (Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.	
12-30-88,	Fill out only Sections I. II. III, and VI for changes of owner,	
(Date)	well name or number, or transporter, or other such change of condition.	