

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator DANNY R. WATSON

Address P.O. BOX 8 TATUM N. Mex. 88267

Reason(s) for filing (Check proper box) Other (Please explain)

☐ New Well ☐ Change in Transporter of:

☐ Recompletion ☐ Oil ☐ Dry Gas

☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate

If change of ownership give name and address of previous owner Tenneco Oil Co. 7990 IH 10 West SAN, Antonio TEXAS 78230

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SUNSHINE</u>	Well No. <u>1</u>	Pool Name, including Formation <u>ROUGH C NORTH Bogle</u>	Kind of Lease <u>Fee</u>	Lease No. <u>88230</u>
Location <u>1980</u>				
Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u>				
Line of Section <u>1</u> Township <u>12-S</u> Range <u>32 E</u> NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>WARREN PET. CO</u>	<u>P.O. BOX 1589 TULSA OKLA 74102</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>1</u>	Twp. <u>12S</u>	Rge. <u>32E</u>	Is gas actually connected? <input type="checkbox"/>	When

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.

Danny R. Watson  
(Signature)  
OWNER OPERATOR  
(Title)  
6-14-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNATURE  
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 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 filed for each pool in multiply completed wells.